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ABSTRACT

This volume describes the second-year evaluation of the Michigan Day Care Provider Training Project. Following the first chapter's introductory summary of the project's objectives, development, and first-year evaluation, chapter 2 discusses evaluation methodology. Chapter 3 analyzes those dimensions of the training process that were new in the second-year evaluation or for which new data exist, while chapter 4 describes the measurement and analysis of program outcomes. Finally, chapter 5 presents a summary of the evaluation findings and recommendations for progress improvement. Copies of the instruments used to collect data and a list of advisory committee members are appended. (MP)

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Supplemental R
Year II Evaluation

Sue Marx Smock, Ph.D.
Melissa G. Kaplan, Ph.D.

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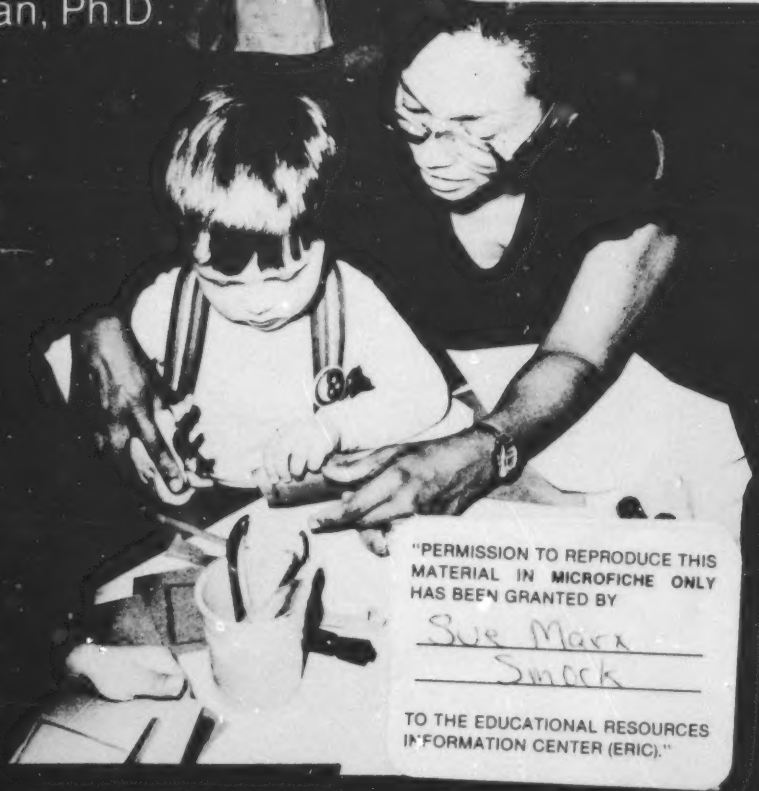

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THE MICHIGAN DAY CARE PROVIDER TRAINING PROJECT SUPPLEMENTAL REPORT YEAR II EVALUATION

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CENTER FOR URBAN STUDIES

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THE MICHIGAN DAY CARE PROVIDER

TRAINING PROJECT

YEAR TWO: AN EVALUATION

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MICHIGAN DAY CARE PROVIDER TRAINING PROGRAM, SUPPLEMENTAL REPORT:
YEAR II EVALUATION

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Detroit/Wayne County 4-C - Detroit

Family Day Care Council of Michigan, Inc. -
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Grand Traverse Area 4-C - Traverse City

Grand Valley State Colleges/
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Ingham County Office for Young Children -
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Kalamazoo Valley Community College - Kalamazoo

Lake Superior State College - Sault Ste. Marie

Oakland/Livingston Human Services Agency -
Pontiac

Saginaw Intermediate School District - Saginaw

Wayne County Community College - Detroit

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This evaluation addresses the total composition of this statewide training effort. It was the efforts of individual subcontractors and their commitment on behalf of provider training which made this report, and the impressive number of trainees who benefitted from this project, possible.

The responsiveness and cooperation of the child care providers trained in this project provided a special kind of support to this evaluation. It is really this group, which performs such a significant, yet often unacknowledged, role in our society to whom this work is dedicated.

Melissa G. Kaplan
Sue Marx Smock

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Chapter 1
Introduction

Between April and August, 1981, there were 825 licensed providers (310 home and 515 center providers) throughout the State of Michigan enrolled for twenty hours of professional training under the provisions of Title XX of the Social Security Act. The training was designed and administered by Center for Urban Studies/Wayne State University under two consecutive contracts with the Michigan Department of Social Services (MDSS). The original concept of MDSS involved a five-year series of training programs which would each be thoroughly evaluated. Successive programs, therefore, would be refined and built on prior experience. The first of these programs was, indeed, completed in the summer of 1980 and a detailed report was issued: The Michigan Day Care Provider Training Project, Year I: An Evaluation (Kaplan and Smock, 1981).[1]

While the present evaluators were analyzing the data from the first year program, an opportunity arose to quickly train more child care providers during the Fall, 1980. The Center for Urban Studies of Wayne State University (CUS/WSU) accepted the "first quarter monies" from MDSS and rapidly requested appropriate institutions to conduct the training. Although there was almost no money or time to design an evaluation of this second training phase, CUS was fortunate in finding a consultant, Dorothy Kispert, who knew the field well. Ms. Kispert interviewed the five subcontractors who conducted training and reported her findings: "Day Care Provider Training Project Evaluation of Wave II."[2]

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[1]This report is available from the Center for Urban Studies, Wayne State University, Detroit, Michigan, 48202.

[2]This report (mimeo) is available upon request from the Center for Urban Studies.

In February 1981, the planning for a second year of training commenced. The present volume represents an evaluation of the second year of this statewide training program. It is not meant to stand alone but is a supplement to the Year I report, just as the training during this second year was a continuation and outgrowth of the initial year's experiences. Hence, in an effort to avoid redundancy, the present discussion contains none of the history, philosophy, or background to the Michigan Day Care Provider project. It contains analyses of changes which occurred from Year I to Year II; new processes introduced in Year II; and finally, the data for all outcome measures used in Year II are presented and discussed. The reader is urged to view this volume solely as a continuation of the Michigan Day Care Provider Project, Year I: An Evaluation.[1]

It is appropriate here to discuss the relationship between the Year I and the Year II programs and the influence of the evaluation on them. This project, as indicated earlier, was originally conceived as one that would be continued for approximately five years. The initial year start-up was achieved with amazing speed. As indicated in the Year I evaluation, many of the program characteristics are results of the exceedingly short time for planning prior to implementation. As in all programs that have an evaluation component, it is the original intention to read the evaluation and to design the second year both from program staff's own experience and that which they glean from the evaluation. As is true in so many other programs, this was more an intention than a reality. Other factors took precedence. Where time appeared to be the major constraint during the first year, Year II was strongly influenced by the serious financial problems in the State of Michigan which were approaching crisis proportions at the time Year II training was initiated. The amount of money available for training was

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[1] The Kispert evaluation should also be read, although by necessity, it had a narrower focus and design than either the Year I or the present evaluation.

significantly reduced from the time of contract signature to the time of implementation of training the following spring. This financial constraint, of course, altered plans considerably. There was, in fact, concern regarding whether or not the program would exist at all. Certainly, the tenacity of the Program Advisory Committee and the importance placed upon this project by the MDSS Office of Management and Staff Development, as well as the Day Care Services Division, were the main reasons a Year II project was completed. Unfortunately, the financial crisis in Michigan was so great by the fall of 1981, that it was impossible to continue the training for a third year. Hence, the Year II evaluation completes the project for an indefinite time period. There is, nonetheless, much to be learned from this training project which can be applied elsewhere, both to training day care providers throughout the country and to training other types of human service personnel.

The philosophy of the Year II program remained exactly the same as in the first year. The intent to keep this a flexible, locally controlled and locally administered program was retained. The major findings of the Year I evaluation were that CUS/WSU was creative in its design of such a locally based program, MDSS was intuitive in accepting such a design, and the 15 subcontractors were efficient in their implementation of it. This basic philosophy and design are important in understanding the program. Thus, the reader again is urged to return to Volume I to read these sections as well as that including the the goals of the project.

The Year I report concluded with fourteen recommendations which the evaluators presented after examination of the initial year's program and its measured outcomes. Many of these were incorporated within the Year II program; others were not. All fourteen recommendations are discussed at appropriate points within the following pages.

The following chapter discusses the evaluation methodology. Chapter 3 analyzes those dimensions of the training process which were new in the Year II program or for which new data exist. Following that, in Chapter 4, the measurement and analysis of program outcomes are presented. Finally, the last chapter, Chapter 5, summarizes and presents recommendations arrived at as a result of project evaluation findings.

Chapter 2
Methodology

The Year II project maintained an emphasis on decentralized implementation, as it had during Year I. This meant that subcontractors designed their own training programs within basic constraints set by the master contractor. Thus, the evaluation design had to take into account the variety of strategies that would evolve from a program endorsing such local autonomy. It was necessary to decide between a uniform, centralized evaluation plan or several decentralized plans, one for each subcontractor. As in Year I, the former approach was taken.

Second, this was a second year project. Consistency in several evaluation procedures from Year I to Year II was maintained to allow for comparisons of selected parameters between the two years. Nevertheless, additional data was gathered to clarify or expand first year findings. In the first year, time constraints prevented the exploration of some questions of interest to the evaluators such as the degree to which training influenced on-the-job performance for center providers. The evaluation design in Year II addressed this and other, new questions. Furthermore, some questions were raised in the course of the Year I evaluation that could be further investigated in Year II, such as the relative impact of training home and center providers together, versus separately, as well as collection of more specific data to assess trainees' perceptions of the adequacy of the training they received in the different competency topics.

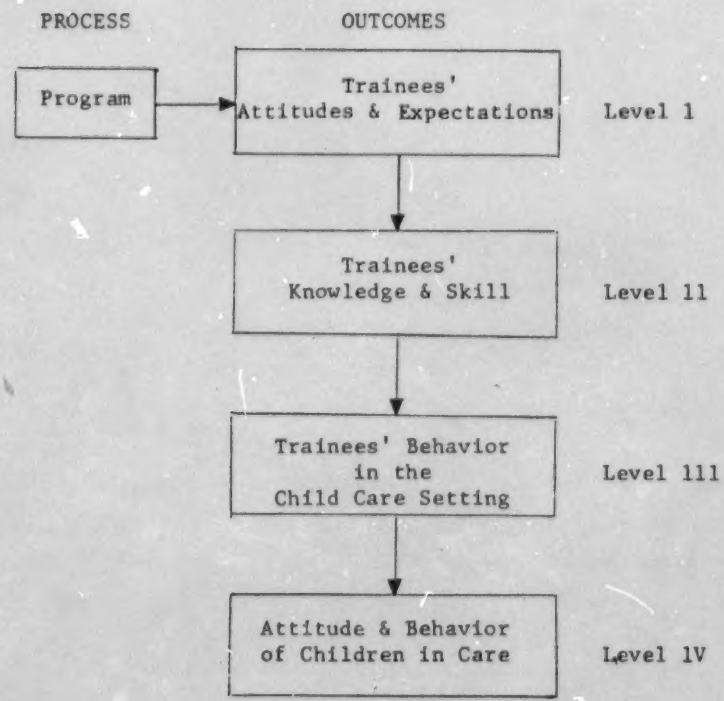
Third, the addition of an important program dimension in Year II increased the scope of the evaluation design. Curricula for 19 of the 20 Year II topics for training were developed and distributed by the master contractor to the subcontractors for use by the trainers in their class presentation if they so desired. Therefore, the trainer session evaluation form was revised to include an assessment of trainer utilization of, and satisfaction with, these curricula. In fact, this became a central part of the evaluation design.

The goals of the evaluation were focused upon obtaining accurate descriptions of process variables and valid sets of outcome measures, including both written and behavioral assessments.

Procedure

In Year II, the evaluation covered the first three levels of evaluation shown in Figure 1, with particular emphasis on a broader coverage of Level III. While the Year II evaluation was somewhat more extensive, it was, nevertheless, not as demanding for the trainees as that of Year I. Data were collected from trainees at every session in Year I. As shown in the data collection model, presented schematically

Figure 1
LEVELS OF EVALUATION



in Figure 2, trainee measurements were taken only at the first and last training sessions. Session by session measures were again completed by the trainers in order to provide information about the training process. Table 2-1 shows the total number of trainees involved in the Year II project as well as the numbers who completed the evaluation instruments at the first and last sessions.

Table 2-1

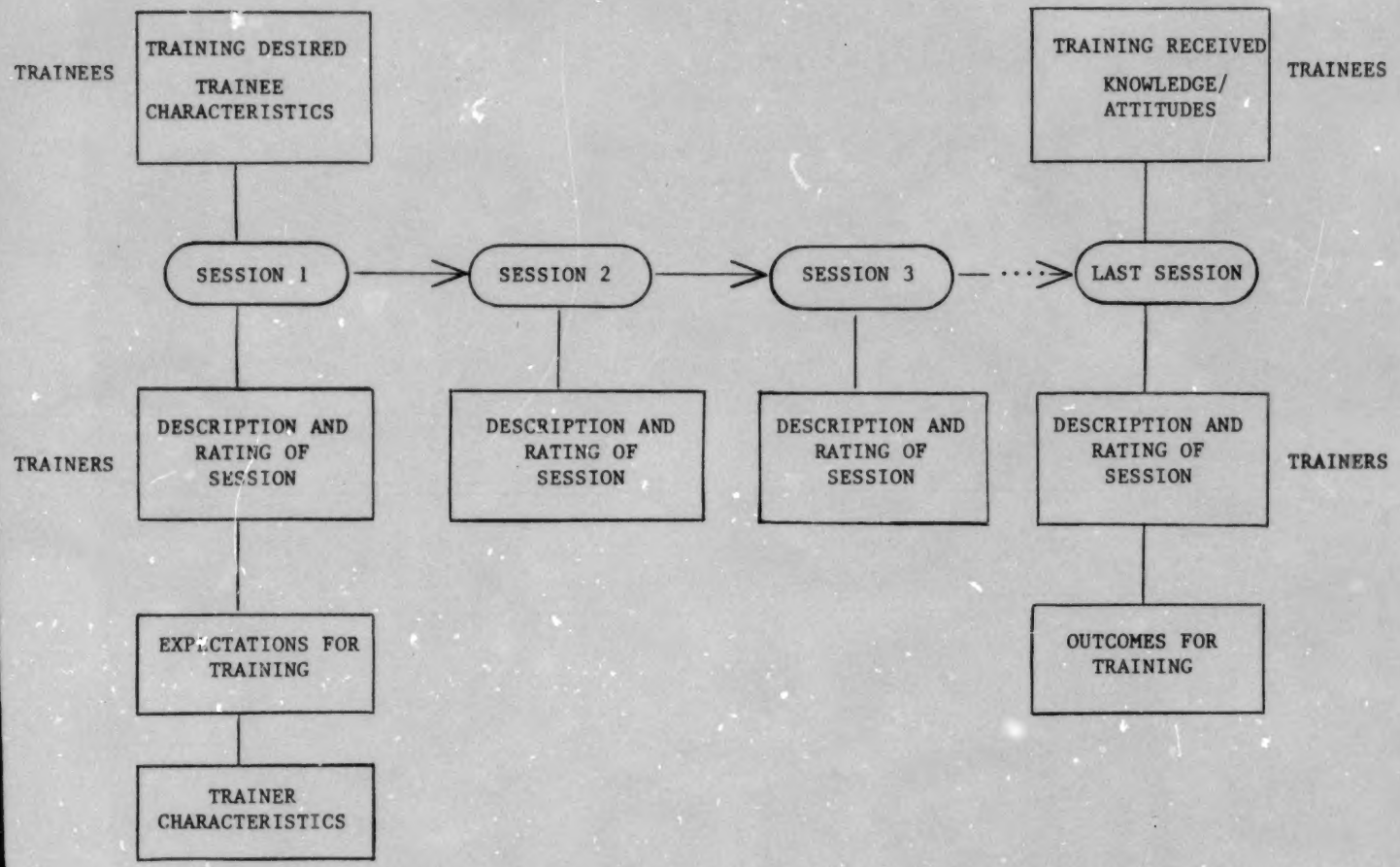
Number of Trainees: Enumerated in Attendance Records and Evaluation Forms

Source of Information	Number of Trainees	
Attendance Records	Enrolled	Completed
Home Providers	310	259
Center Providers	515	418
TOTAL	825	677
Evaluation Forms	First Session: Number Who Completed the Caregiver Information Survey	Last Session: Number Who Completed the Caregiver Survey
Home Providers	252	200
Center Providers	454	360
Forms with missing info.	50	71
TOTAL	756	631

Trainee Characteristics and Perceptions. As indicated, data concerning the characteristics of trainees were collected at the first and last sessions (see Appendix A for questionnaires). In Year I, trainees were asked to react to every session. The data revealed little differentiation between sessions and between courses: ratings were uniformly positive. Therefore, individual trainee session ratings were dropped from the Year II evaluation. Instead, more detailed information concerning trainee perceptions of training was gathered in the final section of the knowledge test which was completed at the last training session.

Figure 2

Model of Selected Data Collection



The trainee evaluation forms were usually distributed by the trainer or facilitator since it was impossible for the evaluators to be present at all training sessions. The evaluation team did observe training for all eleven of the subcontractors. Thirteen ETU's were observed once and six were observed at both the first and last sessions. Reports were made and these data are part of this evaluation.

Trainer Perceptions and Session Characteristics. Trainers completed questionnaires at each session in order to obtain detailed information regarding the use of the curricula offered by the master contractor and other session characteristics. In addition, trainers' perceptions of training strengths and barriers were assessed at the initial and final sessions of every course.

Measuring Trainee Knowledge. The child care knowledge instrument devised and used as an outcome measure in Year I was revised for use in Year II. Data gathered to assess the discriminant validity of the Year I test indicated that Sections II and III were valid measures of child care knowledge and attitudes. In order to make this determination, two university classes composed of at least ninety percent women were given the test, a class in child development and a class in an unrelated subject (fashion merchandising). The class in child development involved weekly supervised participation for each student in a university laboratory day care center. Furthermore, most of the students in the class were human development majors with other child development courses and experience. None of the students in the other class were human development majors and few had any training or experience in child development. Thus, if the Year I test were a valid indicator of accumulated knowledge and training in child care, it was expected that the mean scores on each section of the test would be significantly higher for the child development than for the other

class. This was, indeed, the result for Sections II[1] and III[2]. The difference between the mean scores for the two classes on Section I, however, was not significant, indicating that it contains commonly known information that is not very much affected by specialized training in child development. Therefore, the revised instrument (for Year II) contained two sections modelled after Sections II and III. Since Section I was the "easiest" section in Year I and did not appear to be a valid test of caregiver knowledge, it was not included in the revised instrument.

The revised knowledge test (38 items) was administered at the final session in all 44 classes offered by the 11 subcontractors. The key question involved whether child care knowledge improved as a result of training. The two-pronged approach used in the Year I evaluation was successful. Therefore the same design was used again in this evaluation: (1) a pre-post design was utilized with selected ETU's and (2) a contrast group of untrained home providers was compared to the trained home providers.

The pre-post design was utilized only with selected ETU's (courses) for two reasons. First, it was important to avoid overburdening all of the trainees with paperwork at their first training session. It was essential that information be obtained about the background, work, and training expectations of trainees at that session, which took as much time as could be allotted for evaluation. Secondly, there was concern about the possibility that trainers might attempt to teach to the knowledge test. By pretesting a subsample, data would be available to determine the effect of training *per se* on the final knowledge test as compared to a *combination* of pretesting and training.

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[1]Section II, t (37) = 3.50, $p < .001$.
[2]Section III, t (30) = 2.10, $p < .025$.

At the same time, another design was utilized to amplify the pre-post findings. This design involved comparing knowledge test results of trained providers to those of similar providers who did not receive training (contrast group). Again, as in the pre-post design, any differences in scores are assumed to be due to training. Such an assumption rests upon the qualification that the trained group and the contrast group are equivalent with respect to other important characterisitics.

As in Year I, a list of Michigan home providers who had indicated a desire for training was available. Again, the contrast group was restricted to home providers since names and addresses of center providers who desired training were not available. All of the home providers on the list, minus those who were sent the Year I contrast group request, were mailed a knowledge test. They were asked (1) to complete the test and return it if they had never attended training, or (2) to return the test blank if they had attended training.

It was important that the sample be chosen so that the untrained group was as much like the trained group as possible. The contrast group of untrained providers was similar to the trained group to which they were compared in terms of where they worked (all were home providers), their expressed interest in training (the contrast group had expressed written interest on an MDSS form while the trained group had attended training), and, for most of the sample, their geographic location across the state.

Although not as high as in Year I, the response rate for the surveys, 42 percent, compares favorably to the rate usually reported for mailed questionnaires, 20-40 percent (Helmstadter, 1970). There are two reasons for a considerably lower response rate in Year II than in Year I (see Table 2-2). First, it was not possible to designate, prior to mailing the surveys, which providers had actually received training (and were therefore ineligible for the contrast group). Therefore, these providers were instructed to return their blank survey sheet. Many of those who did not respond were undoubtedly providers

Table 2-2
Contrast Group Response Rate

Questionnaire Categories	Number		Percent	
	Year I	Year II	Year I	Year II
Total questionnaires:				
Mailed	276	232	100.0	100.0
Returned	199	98	72.2	42.2
Contrast Group	(149)	(59)	(54.1)	(25.4)
Ineligible*	(50)	(39)	(18.1)	(16.8)
Return to Sender	1	15	0.3	6.5

*Trained respondents who returned blank questionnaires.

who had received training, in either Year I or Year II, and who did not bother to return their blank survey. Obviously, there were more of these people after Year II than Year I. Second, the 1980 list was one more year out-of-date when the Year II mailing was sent: more providers had moved. The "return to sender" category was 20 times greater for the Year II contrast group mailing.

Despite the fact that the list was two years old, 98 surveys were returned of which 59 were completed by untrained home providers. This data constituted the contrast group information for the contrast group analysis presented in Chapter 4.

Thus, three important analyses involving the knowledge test were planned: (1) a pre-post comparison covering a group of about 15 percent of the trainees, (2) a comparison of posttest scores of pretested and unpretested groups, and (3) a comparison of trained and untrained (contrast group) providers.

Measuring Trainee Behavior. In order to provide a direct assessment of training impact, a small sample of seventeen center trainees were observed at work in their own day care centers before and after training. Two observation instruments were filled out at these

sessions, a center environment checklist and a caregiver behavior checklist.

In order to determine how reliable the observations were, two observers filled out the checklists simultaneously on seven occasions. The checks were tabulated for the final categories that were used in the data analyses. The scores for rater 1 were then correlated with those of rater 2 using a Pearson correlation coefficient. First, the reliability of the caregiver behavior observation checklist was calculated. The category, teaches by group repetition/rote, was not observed during the seven reliability sessions; therefore, correlation coefficients were calculated for 11 of the 12 categories. The range of coefficients was from .54 to 1.00, with a mean of .87. The three categories with low interobserver reliability, (.54, .62, and .63, respectively), all were observed to occur infrequently for these seven subjects (1%, 6%, and 1% of possible occurrences checked, respectively). For all categories with more than 10% of possible occurrences checked, the correlation coefficients were at least .89. It appears that the three low reliability estimates result from extremely low rates of occurrence rather than from disagreement between the two observers.

Interobserver reliability estimates for the six categories of the center environment checklist ranged from .73 to 1.00, with a mean correlation of .92. Although there was a greater degree of agreement between the two observers for the environment checklist, both instruments showed adequate interobserver reliability.

Data collected with these two instruments were each analyzed for pre-post differences that would demonstrate the effect of training on daily provider functioning with children.

Drop-outs. A special effort was made to obtain complete information about trainees who failed to complete the program so that they could be interviewed by telephone. Since such data was not available during Year I, no systematic data had ever been collected to document trainees' reasons for dropping out of training. A

standardized telephone interview schedule was used to question 41 drop-outs, 28 percent of the total number of drop-outs.

Administration. As in Year I, interviews were conducted at the completion of training with a sample of the subcontractors to determine their perceptions of the overall coordination and functioning of the master contractor.

Anonymity and Confidentiality. During the second year, the evaluation team could make decisions with the benefit of a year's experience. One of the first procedures to be changed involved use of the trainees' mothers' maiden names, rather than their own names, as signatures on their forms. Upon recommendation of the Project Advisory Committee, the use of mother's maiden name was instituted in Year I to allow for tracking trainees throughout the training process while maintaining their anonymity. Many problems were encountered using this method since some trainees signed different names on different occasions. Therefore, in the current year, trainees were asked to sign their own names to the forms. It should be noted that the evaluators did not encounter resistance to this procedure.

During Year I, the demographic instrument completed during the first session, the session rating instruments completed after each session, and the final knowledge test were all folded and sealed by the trainee before they were turned in. This guaranteed confidentiality to the trainee, but frustrated some trainers who wished to have immediate feedback from the trainees in their courses.

During Year II, with no session-by-session trainee rating instruments, there were only two instruments in question, the first-session demographic instrument and the last-session knowledge test. Since a convincing argument could be made concerning the usefulness to the trainers of demographic information and perceived needs for training at the initiation of training, this form was not sealed. These forms could be reviewed by the trainer before they were mailed to the evaluation team. On the other hand, the final knowledge test represented a measure of the trainee's performance and justifiably

should be kept confidential. Only summary or mean scores for entire ETU's or other groupings were to be reported, never individual scores. In order to maintain confidentiality and reduce fear of being "graded" individually, all of the final knowledge tests were folded and sealed with a sticker by the trainee before being handed to the trainer.

Very few problems and complaints were encountered with the above procedures. Undoubtedly, the reduced evaluation paperwork and better understanding of the evaluator's role by the subcontractors, due to many subcontractors' prior experience with the program, contributed to this cooperative attitude.

Chapter 3
Year II: Training Dimensions

The process involved in training child care providers throughout the State of Michigan was both complex and detailed. It involved such diverse activities as CUS/WSU contracting with 11 major institutions across the state to actually conduct the training; recruiting licensed child care providers; hiring appropriate trainers; developing and utilizing a variety of training modes; and fulfilling administrative and budgetary requirements for legitimizing financial reimbursement. Although the master contractor improved the Year II training process in several ways, based on experiences of Year I, it was essentially the same.

The evaluators originally intended to collect data which would allow for comparisons between training modes. The Year II monies were sufficiently limited as to produce major constraints on the evaluation. Therefore, the evaluation of Year II was similar to that of the initial year (as described in Chapter 2). Furthermore, the data indicated little difference between the two years. Hence, as indicated in the Introduction, the data analyses concerning the training process will not be repeated here to avoid redundancy. Instead, after a short description of the subcontractor training, this chapter will focus on the two major additions made by the master contractor: the nineteen curricula modules and the administrative manual. In addition, the resource library and master contractor coordination will be considered. There will then be a discussion of the three evaluation components which are additions in the Year II evaluation: analysis of drop-outs, costs, and trainees' prior training. Finally, there will be a discussion of selected trainee characteristics.

Training Institutions

As indicated earlier, 825 certified child care providers enrolled for training in Year II. They were recruited and trained by 11 different institutions, each of which was contracted to carry out

the training by CUS/WSU, the master contractor. From the original initiation of training by CUS/WSU in June, 1980, a total of 2664 certified child care providers have enrolled and 2192 have completed training. These providers came from all parts of Michigan; persons were recruited from all but 14 counties (see Map I).

The 11 training institutions involved in Year II are described in Table 3-1 (page 19). All but one institution trained both home and center providers. In fact, the number of home providers educated by these institutions, in many cases, far exceeded original expectations. Almost two out of five were home providers. The training of both types of providers was most important to the master contractor. Further, recommendation 11 in the Year I evaluation strongly suggested training home and center providers together as a result of findings from the first year.

Another important objective to the master contractor was the provision of college credit if the trainee wished to use it. As indicated in Table 3-1, all but two institutions offered credit and a substantial number of trainees opted for it. Table 3-2 (page 20) describes the college credit option in detail.

Hence, the selection of training institutions and their implementation of the program insured some of the major objectives of the master contractor; recruitment throughout the state, a mix of home and center providers, and the option of college credit for the training.

MAP I

Michigan Counties By Year of Training

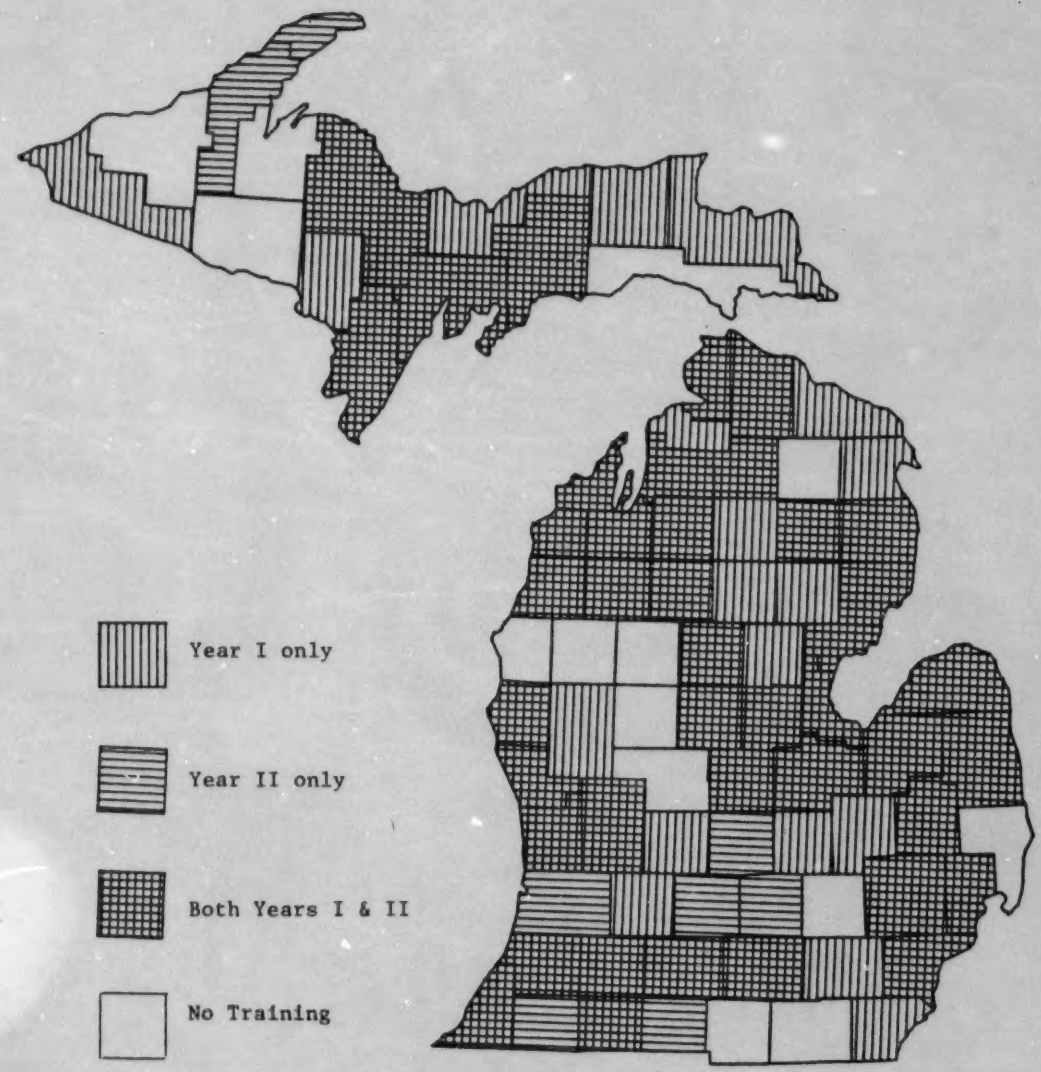

Table 3-1
Selected Information by Training Institutions

Training Institution (Subcontractor)	Type of Institution	Number of ETU's	Number Enrolled			College Credit Option
			Total	Home	Center	
Delta College	Two-year community college	7	105	30	75	yes
Detroit/Wayne County 4-C	Public non-profit agency	1	22	9	13	yes
Family Day Care Council of Michigan, Inc.	Private non-profit corporation	3	52	29	23	yes
Grand Traverse Area 4-C	Public non-profit agency	4	74	53	21	yes
Grand Valley State College/ Kirkhof College	Four-year state college	6	118	29	89	yes
Ingham Co. Office for Young Children	Public non-profit agency	3	51	6	45	yes
Kalamazoo Valley Community College	Two-year community college	5	74	38	36	yes
Lake Superior State College	Four-year state college	4	80	26	54	yes
Oakland/Livingston Human Services Agency	Public non-profit agency	2	51	19	32	no
Saginaw Intermediate School District	Intermediate school district	5	95	71	24	no
Wayne County Community College	Two-year community college	4	103	0	103	yes
TOTAL		44	825	310	515	

Table 3-2

College Credit Option by Training Institution

Subcontractor	Educational Institution Offering Credit	No. and Type of Credit Offered	No. of Persons Completing Course for Credit
Delta College	Delta College	Option of either 1 academic or cont. educ. unit	99
Detroit/Wayne County 4-C	Wayne County Community College	1 academic credit	21
Family Day Care Council of Michigan, Inc.	Washtenaw Community College	2 cont. educ. units	35
Grand Traverse Area 4-C	Northwestern Michigan Community College	Option of either 2 academic or cont. educ. units	71
Grand Valley State Colleges/ Kirkhof College	Kirkhof College of Grand Valley State Colleges	1 academic credit	81
Ingham County Office for Young Children	Lansing Community College	2 academic credits	15
Kalamazoo Valley Community College	Kalamazoo Valley Community College & Glen Oaks Community College	1 academic credit	60
Lake Superior State College	Lake Superior State College	1 academic credit	62
Oakland/ Livingston Human Services	--	--	--
Saginaw Intermediate School District	--	--	--
Wayne County Community College	Wayne County Community College	1 academic credit	81
TOTAL			525

Curricula

The most important addition in the second year of training was that of planned curricula. The master contractor decided to offer the local contractors a curriculum for each topic area. This was one of the suggestions made by the subcontractors after the Year I training and it was endorsed by the Project Advisory Committee (PAC). In fact, a PAC member, organized the effort to develop the curricula. At the same time, there was some hesitation as to how to present them to the subcontractors since the project was so committed to local control. Further, one of the major points of the Year I evaluation was the maintenance of local control because of the variation in training needs. Curriculum was addressed specifically in Recommendation 2. "Any packaged curriculum for provider training in heterogeneous groups should be seen as a guide rather than a mandate" (Kaplan and Smock, p. 109).

Just as the project commenced (January, 1981), the master contractor paid a number of consultants to develop curriculum in each of the topic areas. The consultants had very little time to do the work; furthermore, their reimbursement was minimal ($200 each). A curriculum module was created for each of the topics except "interpersonal skills." The results were 19 curriculum modules which were uneven in quality. These were reproduced and offered to each subcontractor with great care to present them as a voluntary resource. Nevertheless, there was a strong expectation that they would be used extensively. In fact, the evaluation design centered, to a great extent, around the use of these curricula.

At each training session, the trainer was required to complete a questionnaire which described the topic(s), time spent, training mode, use of curriculum module, and trainer satisfaction. Thus, a major question was to determine whether or not the curriculum was utilized for the topics covered at each session. As a matter of fact, the CUS/WSU curriculum modules were utilized as a major resource in only

15.8% of the topic presentations.[1] Even when analyzed topic by topic, in almost no case did more than one-fourth include the curriculum as a major resource. This was obviously a surprise to the program staff, and, as a matter of fact, a surprise to the evaluators.

As indicated elsewhere, a major portion of the evaluation design was the measurement of differences both in process and outcome variables with regard to the use of the curricula for various topics. There was not enough use of the curricula to carry out this design.

Instead, the question that emerges is why the curricula offered by CUS/WSU were so rarely used for any of the topics. In order to obtain information to answer this question, the evaluators interviewed more than half of the subcontractors, focusing on the use of the curricula. In fact, the subcontractors and trainers had not rejected the curricula, they simply were not the major resource. They were used, like other materials, as references for class preparation. This was the result of a number of factors.

First, there is the matter that most of the trainers had trained before and already had materials that they were using. If they utilized the curricula offered to them by the master contractor, it was as an extra resource in addition to those they had collected and used previously. It may be that developing a "lesson plan" based on a given curriculum, no matter how good it was, required more time than development or updating of the trainer's own plan. As some subcontractors pointed out, "Why encourage trainers to switch course content, when there is satisfaction with what they did last year?"

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[1](n=879). The trainer was asked whether or not the WSU curriculum module was used each time the trainer presented a different topic. Frequently there were multiple topics presented at a single training session. The sum of 879 includes all of these topic-session combinations.

Second, the curricula were uneven in their quality. This is to be expected considering the fact that curricula development could not be initiated until the master contractor had a contract. Once there was a contract, the time was very short. This same problem is common to demonstration projects which are funded year by year. Thus, no one had much time to put a curriculum together. Of course, this may not have been such a problem if there had been existing materials for compilation. In many of these areas, however, there were no existing materials appropriate for this training.

Third, there was some question about the appropriatenesss of the content with regard to the audience it was addressing. Some thought they were creating the curriculum for the trainees while others correctly thought they were creating them for the trainers. Some subcontractors reported that they did not encourage the use of the master contractor curricula because they believed that the level of information presented did not match that needed by their trainees. Some felt the level was "too academic", while others viewed the level as too low. An equal number seemed to take a moderate position: they felt that some of the curricula were well done and appropriate whereas others were not. Another group of subcontractors found the curricula "very helpful" and one reported that, "my trainers raved about the curricula." Thus, the subcontractors seemed to be of no single, consistent opinion about the usefulness of the curricula.

As mentioned above, the master contractor was criticized by the subcontractors and trainers after the first year for not having enough resource materials. Yet, after curricula were provided, they seldom utilized them as the major resource for presentations. There is no inconsistency here. People want resource materials available to them; however, they wish to use them as resources, not necessarily as their major source of material. Often new resources serve to reinforce and validate the trainer's own ideas as well as to extend them. Thus, in this case, the curricula may have built confidence more than they extended the trainer's repertoire.

The question remains, however, as to whether it would have been better to concentrate the money and resources on a few curricula rather than trying to develop resources in so many areas. Whether that would have raised the quality and whether quality was so important to utilization is unknown. In addition, it is difficult to select the topics for curricula. Should they be developed for the topics which are more likely to be taught by all trainers or in the more technical areas in which the trainer is less likely to have specific resources, e.g., law, confidentiality, nutrition? The master contractor's decision to compile curricula in as many of the topics as possible appears, even in hindsight, to be logical. This should be judged with the understanding that there was every reason to believe that there would be a Year III training in which these curricula could be refined.

There were two recommendations resulting from the Year I evaluation which are relevant at this point. First, one major outcome of the Year I training (and indeed Year II also) was the increased feeling of self-esteem and professionalism on the part of the trainees. Because there is some evidence to support the notion that such attitudes may be as relevant for quality child care as increased knowledge, one recommendation after Year I (number 8) was that the training programs incorporate items which would enhance the professionalism of child care providers. Some specific items were suggested. Unfortunately, as in the Year I training, resources, professional organization, advocacy roles, etc., were left to the discretion of the trainer; they were discussed in some training sessions but not others. Certainly, the curricula supplied by the master contractor did not incorporate any of these items in a planned manner.

Another recommendation in the Year I report concerned changes with regard to three specific topics (Recommendation 9). The first, staff relations was, indeed, renamed interpersonal skills with adults. However, there was no real change in the subject matter. Second, it was suggested that there be more emphasis on age-related

information. This was included in some curricula, especially information about infants. The third, management information geared to home providers, was not incorporated into the master contractor's curricula. Again, any attention paid to this topic was on an informal basis.

In conclusion, the evaluators decided that having these curricula was functional in a number of ways. First, they served as additional resources for trainers. Second, they were indicators that the master contractor listened to the expressed needs of the subcontractors during the first year. Third, if there had been continuity to the program, these curricula certainly would have been a base for future refinement. There is every reason to believe that, with the available feedback, one more year of use would have produced high quality curricula for a number of topics. These could have been used by a variety of trainers, which was a goal of the Project Advisory Committee.

Administrative Manual

Recommendation 4 from the Year I project was that a standard system of documentation be utilized to gather program information. During Year II, the evaluation and program staffs worked cooperatively to develop such documentation forms. These were included in the administrative manual and explained during the initial orientation meeting. The entire documentation system was much improved by these procedures. The detailed, administrative manual compiled for Year II included definitions of terms, information about fiscal, evaluation, and training procedures, as well as copies of all forms and a schedule for their completion. The manual was intended for use by subcontractors and their training staff. Subcontractors assessed it as "excellent," "extremely helpful" and "invaluable." It served as a comprehensive reference source for determining the details of administrative procedures. In such a decentralized program, a comprehensive manual is as essential to efficient operation as accessibility of the master contractor. Certainly, this was a major improvement over Year I administrative communication.

One final item should be mentioned about the administrative manual and the curricula developed by the master contractor. The evaluators expressed concern about centralizing these two resources albeit both were needed. This concern was reflected in Year I Recommendation 5.

> "It is exactly these two activities which tend to solidify and centralize any structure. Thus, it is strongly recommended that these activities be carried out in an atmosphere which maintains as much flexibiltiy and local autonomy as characterized the Year I project." (p. 109-110)

It appears that local control was not lost in Year II. Indeed, the person responsible for the master contractor's fiscal activities, having anticipated a much easier second year, still found some major problems because of different, localized administrative policies. Further, the infrequent use of the master contractor curricula testifies to the maintenance of local control.

Resource Library

Another service provided by the master contractor was a resource library of books, films, and instructional materials. The Year II program included many more resources than Year I along with a better dissemination procedure. Nevertheless, distribution problems existed which prevented some trainers from obtaining desired materials. Those trainers who reported using the materials viewed them as "very helpful." Several subcontractors commented on the need for a detailed, written description of the audio visuals and other resources in the library so that the trainers could schedule the use of instructional materials effectively.

Increased resources were an important aspect of the Year II program for a number of reasons. Most obvious is the fact that the master contractor learned from the Year I experience and improved some activities accordingly. More important was the fact that the resource library emphasized the role of the master contractor as a centralized resource center. It served to increase communication among subcontractors and between each of them and the master contractor.

Master Contractor Coordination

The evaluation of the Year I program resulted in Recommendation 3 that the psychological and technical support offered by the master contractor in Year I should be reduced while their role in curriculum development and as " ... a facilitator of information and experience between subcontractors" should be increased. In essence, this was accomplished. The development of the administrative manual, combined with a year of past experience for all of the subcontractors except three, reduced the need for psychological and technical support. Site visits and telephone calls to the master contractor were utilized more often in Year II to facilitate information exchange from one subcontractor and/or trainer to another.

During the months of training in Year II (April - August, 1981), the CUS/WSU program staff made at least one visit to each subcontractor. In addition, two statewide subcontractor meetings provided an initial orientation session and a summary session at the conclusion of training. Subcontractors expressed positive reactions to these sessions and felt that they were valuable. The Year I evaluation pointed to a series of such meetings (Recommendation 1). However, with the detail available in the administrative manual such a series may not have been necessary; at least that was the feeling of some subcontractors.

There was a belief among the subcontractors that the funding agency (MDSS) and the master contractor (CUS/WSU) were willing to alter procedures based upon the needs of the subcontractors. In addition to providing information and guidance, the master contractor's willingness to listen and to show flexibility were viewed as important.

Program staff visits to training sessions were usually viewed as "unobtrusive" and "nice". The content information and programming suggestions offered on these occasions were appreciated. In contrast, one subcontractor reported that a trainer was upset when a program staff visitor left before a session was completed without providing feedback; another subcontractor felt unfairly criticized by

one of the questions posed by a program staff visitor. It is surprising that only two instances of negative reaction were reported since the role of the observer/resource person, an "outsider," is such a sensitive one. While most subcontractors accepted the necessity for the visits, trainers were not always enthusiastic about the presence of an outside observer in their training session. There were times when program staff members were viewed as coming in and telling trainers how to conduct training when it was inappropriate.

By and large, the subcontractors viewed the master contractor as accessible and reported that their relationship to CUS/WSU was a good one. The subcontractors' reactions are a general reflection of their trainers' attitudes. The subcontractors were pleased that they could telephone "collect" when necessary, but found that the need arose infrequently. Part of this was attributed to the fact that it was a second year program and part to the usefulness of the administrative manual distributed at the orientation meeting. At least three subcontractors, however, experienced some difficulty in reaching key CUS/WSU staff by telephone due to a switchboard person who was not well acquainted with project staff. This reflects the problem of running summer programs when regular staff traditionally take vacation time.

The evaluation of Year I pointed to the necessity, in such a dispersed locally controlled program, for a series of meetings. These meetings were viewed as the basic responsibility of the master contractor, (Recommendation 1).

The first, a series of orientation meetings among subcontractors and the master contractor, was discussed above.

Second, local meetings between subcontractors and relevant resource groups and agencies were suggested. CUS/WSU did not initiate these; instead, this type of meeting was the option of the subcontractor. Few felt the need for such a meeting since many contacts had already been established in Year I. Furthermore, in Year II subcontractors were not pressured to utilize outside resource speakers and groups due to money constraints. The lack of resource

persons was exacerbated by the fact that fewer such people were available without cost, due to financial and staff cutbacks in public agencies throughout the State.

Third, statewide orientation sessions were recommended to disseminate ongoing information among trainers concerning problems encountered and their resolutions. Such meetings were not held during the training phase of the program in Year II. To some extent, these activities were carried out by the program staff when they made site visits. Further, program staff reported that there was more informal communication among trainers in Year II either directly or indirectly through subcontractors. Subcontractors, for example, called one another especially to share information about training resources such as a special Highway Safety Commission program. Neither of these totally fulfills the function of the original recommendation, but was probably the only feasible alternative given the Year II constraints. One meeting which addressed a number of these issues was the final, day-long subcontractors' meeting on August 21, 1981. At this meeting, the subcontractors discussed barriers to training and shared ideas/experiences about solutions. With the exception of one subcontractor who could not attend, each of the subcontractors presented a summary description of their training program during Year II. Had training been funded for a third year, such a meeting would have facilitated plans and problem-solving for the subcontractors involved. In addition to the evaluation reports from Year I and Year II, minutes from this meeting, as well as those from the Project Advisory Committee, should be reviewed by anyone who plans child care provider training in Michigan in the future.

Drop-outs

People who leave a program before completion frequently have valuable insights which are useful for evaluation purposes. Hence, it is generally worth the effort to obtain systematic feedback from such persons. Unlike Year I, the master contractor precisely differentiated between those who enrolled and those who completed the Year II training. The administrative manual was sufficiently

comprehensible to the variety of local subcontractors to effect an excellent documentation of enrollees.

Of the 825 who began the program, 148 or 18.1% dropped out before they completed their training. Telephone interviews were conducted with 41 of these enrollees who failed to complete the training program (see Appendix A for questionnaire). They were asked the reasons for leaving the program. As indicated in Table 3-3, three out of every five people said they left the program because of

Table 3-3

Reasons for Not Completing Program

Reason Offered	Percent
Conflicting schedule, other activities or schooling	59%
No sitter or transportation	12
Program didn't meet trainees' needs	10
No longer in child care	10
Personal illness	5
Didn't want to do assignment	2
Didn't like trainer	2
TOTAL	100% (n=41)

conflicting schedules or activities such as other schooling. As a matter of fact, only 14% mentioned characteristics of the program. To be certain that these people gave feedback about the program, they were asked if specific items contributed to their leaving. The results, as indicated in Table 3-4, support the prior information. The major reason which contributed to their dropping from the program was related to scheduling. No particular part of the program content or structure was mentioned frequently as contributing to their leaving.

Table 3-4

Pre-Selected Reasons for Not Completing Program

Reasons	Percent*
Schedule, dates, times	59%
Course level - too hard, too easy	29
Topics	20
Trainer	17
Session format	15
Location of sessions	15
Paper work	12
	(n=41)

*Sum is greater than 100% because of multiple responses.

The fact that scheduling and other time commitments are the major reason for failing to complete the program was not surprising. The enrollees were all employed child care providers. The work of a child care provider is long and strenuous; such workers do not have a great deal of discretionary time and energy for training. The reasons given by these "drop-outs" only serve to emphasize the amazing fact that so many very busy child providers did take the time to complete training.

As a final item, this sample group of "drop-outs" were asked what they liked about the sessions they attended. Interestingly enough, they tended to list the same things that the persons who completed training last year mentioned. They particularly liked the "camaraderie," the group discussions, and the chance to meet and interact with other providers. As the Year I evaluation indicated, being a child care provider, particularly a family day care provider, is a lonely job. Further, there is much desire for networking.

In essence, providers who decided not to complete training did so primarily for reasons external to the program.

Cost of Training

The cost of training during the second year, when both contract and matching funds are considered, was approximately $274 per person for those completing 20 training hours (677 providers). The cost in Year I was about $283 per person.[1]

It should be noted that the cost estimates provided here for both years are on the high side since only "completers" were utilized to determine cost per person. For Year II, in addition to the 677 persons who completed training, there were 148 enrollees who did not complete training. Many of these persons received partial training and thereby derived some benefit, although they have not been included in the cost analysis.

Using this conservative approach, an attempt was made to provide a comparison with other training programs. Two CDA (Child Development Associate) training programs in Michigan were utilized for this purpose. This information was used to derive a cost estimate per person per credit hour. The Year II cost of the Michigan Day Care Provider Training Program was then pro-rated to arrive at a comparable figure. The training cost per person, per credit hour, for the two CDA programs ranged from approximately $260 to $330 while the cost for this program was $206.

The cost is a low one, both by comparison to the other programs and in terms of a consideration of the expense involved in carrying out a statewide program. Transportation costs for site visits and subcontractor meetings, mailing costs for the distribution of materials, and telephone costs were all necessary components in addition to the costs of employing the trainers and conducting classes. As a matter of fact, the Year II program was curtailed in several ways due to cutbacks in funding from the state. For example, the master contractor felt that, under these conditions of reduced

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[1]Each of these cost estimates was derived by dividing the total direct costs of a year's project (the total cost minus evaluation and indirect costs) by the number of completers for that year.

funding, the subcontractors should not be pressured to do on-site training, provide child care for the trainees, or to use outside speakers who might require some payment.

On-site training was seen as particularly important to the evaluators in the Year I analyses and it had been recommended (Recommendation 10) that the master contractor work out the logistics involved in such training. Yet, the additional costs of on-site training meant it had to be reduced considerably during Year II.

Hence, the cost of this training was low. In fact, as indicated by on-site training and other training characteristics that had to be minimized, the evaluators conclude that the cost incurred for training was lower than is desirable.

Prior Training

In both Year I and Year II, the trainees were asked about other child care training which they had obtained. In Year II, an attempt was made to analyze this more closely. If these providers had already received substantial training, the Michigan Day Care Provider Training Program would be redundant. Table 3-5 below indicates their response to a question about their prior training. They were asked to select from a list any kinds of child care training they had received.

Table 3-5

Prior Training by Type of Provider
(Percent)*

Training	Provider (Percent)		Total
	Home	Center	
High school courses	39.0%	45.0%	43.5%
College courses	28.0	41.6	40.5
Conferences or workshops	40.3	56.6	49.5
Child care	5.1	8.1	6.6
Other	3.4	4.3	4.0
None	26.7	10.7	16.9

*Sum is greater than 100% because of multiple responses.

At first glance, the data presented in Table 3-5 would suggest that these providers had substantial prior training. However, closer examination and interpretation leads to the opposite conclusion. For example, 43% had some course work in high school. Knowledge of high school curricula immediately leads one to understand under what conditions they answered in the affirmative. High school courses which include any information on child development are of the most basic nature, believed by many to be insufficient for parenting purposes. They are part of a "general information" approach presented in high school. Certainly, this general information would not be considered part of the technical information necessary for those persons who are going to care for infants, toddlers, and pre-school children on a daily basis for much of the children's waking hours. On the other hand, two out of five providers had some college courses. This is an indication, at least, of a basic level of information on which training can be built. Although there is no detail about these college courses, one can assume that they, for the most part, contain the basic introductory information. They probably did not have advanced level courses since only about 10 percent had four years of college or more.

Half of these trainees had been exposed to a conference or workshop, probably containing information of a general nature. This would lead to the conclusion that such exposure is another manner of obtaining very rudimentary information or some details about a very specific topic. For the general childcare provider (not the administrator), the former is probably the case. On the other hand, Child Development Associate (CDA) training is comprehensive and much like that offered by the Michigan Day Care Provider Training Project. It would be interesting to ask the providers who received both types of training (6.6%) if they found this present training redundant, or complimentary, to their CDA training. There is certainly enough important information about child care so that the latter could be true.

Two general issues emerge from examination of these data. First, there is a substantial difference between the prior training obtained by home and center providers: home providers have less prior training. There are a number of reasons for this, some of which have been discussed elsewhere. These include the relative isolation of the home provider and her home-bound occupation as contrasted with the higher overall educational level of the center provider and her out-of-home job orientation. Nonetheless, the most prevalent form of child care is the home provider (Smock, 1978). It is important, therefore, that recruitment and training address the needs of the home provider.

Second, both home and center providers are aware, interested, and have a basic core of information on which training can be built. Trainers and those who determine course content should not underestimate this. On the other hand, there is a self-selection process involved for those who have attended the first and second year of training. They are undoubtedly the most interested of the providers. This desire for training usually is associated with education and prior training. Those who already have it, relatively speaking, want more. Therefore, any training program repeatedly recruiting trainees should carefully monitor the educational level and basic child development information of the trainees. We would predict that continued training will more likely "pick-up" the less educated as time goes by.

Trainee Characteristics

The Year I evaluation contained a detailed description of the population trained during that initial year. The group recruited and enrolled in this second year training was remarkably similar. Table 3-6 indicates some of the demographic characteristics of the total group trained in both years. It does not include the providers who received training during the fall, 1980: as discussed in Chapter 1, no data were collected about these trainees; however, there is every reason to believe that they were similar to all of the others.

Table 3-6

Selected Demographic Characteristics of Trainees

Demographic Characteristics	Percent		
	Year I*	Year II	Year I & II
Age:			
Under 21	10.8%	13.8%	11.8%
21-30	42.3	39.9	41.5
31-40	28.0	30.1	28.7
41-50	10.8	10.3	10.7
Over 50	8.1	5.9	7.3
TOTAL	100.0%	100.0%	100.0%
MEDIAN AGE	22.7	20.6	22.0
Ethnicity:			
Black/Afro-American	21.6%	24.2%	22.4%
White	72.6	69.0	71.4
Hispanic	3.4	4.4	3.8
Native American Indian	0.9	1.2	1.0
Oriental & Other	1.5	1.2	1.4
TOTAL	100.0%	100.0%	100.0%
Sex:			
Female	96.2%	98.1%	96.8%
Male	3.8	1.9	3.2
TOTAL	100.0%	100.0%	100.0%
Size of City:			
Rural or small town	24.4%	22.8%	23.9%
Small city	17.0	18.2	17.4
Medium-sized city	29.0	26.5	28.2
Suburb	12.2	15.0	13.1
Large city	17.4	17.5	17.4
TOTAL	100.0%	100.0%	100.0%
Educational Level:			
Elementary school	2.6%	2.3%	2.5%
Some high school	13.4	12.4	13.0
H.S. diploma or G.E.D.	32.4	38.2	34.4
Some college	30.0	30.6	30.2
Assoc. of Arts	4.8	6.1	5.3
Bachelor's Degree	8.7	6.3	7.9
Some M.A. credits	6.4	3.3	5.4
Master's Degree	1.7	0.8	1.3
TOTAL	100.0%	100.0%	100.0%

*These distributions include all trainees and differ slightly from what was reported in Year I evaluation. The latter were reported by type of provider and have a smaller n due to missing data.

The major difference between those trained in Year I and Year II is really a reflection of the geographic location of subcontractors and the recruiting process. Fewer of the home providers came from medium-sized cities in Year I than in Year II (19% and 29% respectively); many more came from large cities in Year I than in Year II (15% and 6% respectively); all other categories of city size were the same. The exact opposite was true for center providers: more came from medium-sized cities in Year I than Year II (34% and 24% respectively) and less from large cities (18% and 24% respectively). These home and center percentages balanced each other so that the total group was remarkably similar for the two training years.

There was a lower proportion of Black trainees (and higher proportion of White trainees) in Year I than Year II among the center providers, while the proportions remained the same for home providers. Last, center providers had slightly less education in Year II than they did in Year I. Again, there was no change in home providers.

It was noted in the Year I evaluation that the overall literacy level was higher than anticipated when originally planning the program. It is, nevertheless, true that there is a wide range of literacy among the providers and some have serious deficits. Unfortunately, there is no simple but unobtrusive way to measure literacy. Like many programs, level of education was substituted; it is only a very crude measure of literacy. This unmeasured range of literacy must be kept in mind when examining the outcome measures discussed in the next chapter. The evaluators believe that level of literacy influenced the results on the knowledge tests. There was, for this analysis, no way to empirically measure the degree of relationships between literacy level and scores on the knowledge questionnaire.

Bilingual trainees were a special consideration for at least three of the training courses (ETUs) in Year II. In two of the three, the total group was Spanish speaking, while only four of those in the remaining ETU were bilingual. The master contractor had no

special materials for these providers. This was, in fact, an excellent example of how the local subcontracting institution must anticipate the special needs of their constituent providers.

There are other complicating factors which must be considered. First, there is the distinct difference between the two types of ETUs indicated above. In one case the total group is bilingual while in the other, only part of the class is bilingual. Obviously, there is a difference between these two training situations. Second, while some Spanish speaking children are cared for by bilingual providers others are cared for by non-Spanish speaking providers. These persons need specialized training. Then there is the fact that these children are often from migrant, farm working families, which adds another complicating dimension. Furthermore, with regard to the providers, frequently the bilingual attribute is accompanied by a lower level of education and literacy (in both languages) which serves to complicate the training process even further. One additional factor should not be overlooked. When a program includes bicultural people whether providers and/or children, it includes the potential for a special experience for the participants. Experiencing another culture adds a unique dimension to one's learning, whether this is the host culture or that of a peer's birth culture.

Considering all of these factors, the evaluators have concluded that the complications are sufficient so that future training designs must consider bilingual and ethnically diverse children and providers of major concern to the master contractor; it should not be considered only at the level of local need. Furthermore, it is very important to make a concerted effort to train ethnically diverse child care providers and all providers who care for ethnically diverse children. There is, in addition, the need for special attention to the subgroup of migrant children.

Aside from the special focus on ethnicity, the comparison of the trainees for Year I and Year II indicate how very similar they are. Furthermore, discussion has already pointed to the fact that the training philosophy, goals, and, for the most part, techniques, were the same for the two years. Differences were mainly due to a refined administrative procedure, the introduction of the curriculum modules, reduced funding, and one year of prior experience. With this in mind, one can now turn to a discussion of how the trainees felt about the training and what they learned during the second year as indicated by specific measures.

Chapter 4
Year II: Outcomes

Both in Year I and Year II, the evaluators examined a broad array of activities associated with this project in order to answer as many questions as possible about the training of providers. The most important question, however, is: "What did they learn?" This chapter presents the data collected to answer this question.

As indicated in Chapter 1, all data regarding the "outcome measures" of Year II, unlike the other data, will be presented even if it is the same as Year I. The analysis of outcomes presented in this chapter commences with Level I: Trainee Attitudes and Expectations; followed by Level II, Trainee Knowledge and Skill, and then Level III, Trainee Behavior in the Child Care Setting. (These levels are described in Figure 1, Chapter 2.) Finally, some specific comparisons are made to assess the differential impact of various program dimensions.

Level I: Trainee Attitudes and Expectations

Overall Satisfaction. In order to understand what was accomplished in this training program, it was important, first, to determine how the participants felt about the total training experience. Therefore, as in Year I, at the end of the final training session, providers were asked, "Overall, how would you rate your training experiences here this summer?" As indicated in Table 4-1, they felt very positive, like last year, about the experience.

Because home providers had felt significantly more positive than center providers in Year I (the means were 4.21 and 3.90 respectively), they were analyzed separately again in Year II. As is obvious from the table, there was no difference between home and center providers in their level of satisfaction this year. There really is no logical explanation for the fact that the outcome varies from Year I to Year II. The basic description of the two groups is the same: the home providers had a greater ability to try out what they had learned and

Table 4-1

Rating of Total Training Experience
By Type of Provider

Rating	Provider		Total
	Center	Home	
Poor	0.3%	1.1%	0.6%
Fair	3.1	6.0	4.1
Good	22.2	15.8	20.0
Very Good	41.4	37.2	39.2
Excellent	33.0	39.9	35.4
TOTAL	100.0%	100.0%	100.0%
Mean	4.09 (N=351)	4.04 (N=183)	4.07 (N=534)

may have found the group situation stimulating because of the solitary nature of their work. All of this is in contrast to the center provider. These factors were suggested in Year I, as explanations for the greater level of satisfaction on the part of the home provider. Nevertheless, in Year II both groups are very, and equally, satisfied with the training experience.

Expectations and Satisfaction with Specific Topics. At the first training session, providers were given the list of twenty topics and asked to indicate the degree to which they thought they needed training in each of these topics. There was in this project, as in many, a diversity of opinion as to the degree to which people can realistically evaluate their own needs. It is obviously difficult to evaluate one's need without all the information. For example, it is futile to ask mothers what type of child care, if any, they feel they need if they are unaware of the array of alternatives available. Those alternatives least known are least chosen, of course. Then, the conclusion is drawn that they are undesirable. Further, statements of need are poor predictors of actual use. There are quantities of public transportation studies to indicate this.

Hence, the question raised in this program was one of a similar logic. If a group of people are deemed to need basic training, then it is unreasonable to expect them to have a wide range of knowledge about the topics thought to be relevant by those who are designing the training. In this particular situation, an additional handicap was present: there were twenty topics, some of which were not easily distinguishable from each other.

With these qualifications in mind, the trainees were asked to evaluate their needs (on a five-point scale) prior to training; then asked to evaluate the amount of training they received (on a five-point scale) and whether or not they were satisfied after training was completed. Each of the twenty content topics was evaluated in this manner by the trainees.

It should be noted that asking if the trainees were satisfied with the training on each topic adds a dimension not included in the evaluation of Year I. When there was a significant difference between their perceived need and the amount of training they received, the evaluators had no way of knowing the relevance of this. For example, a person who received more training than she originally thought she needed might be quite bored and, therefore, dissatisfied. On the other hand, a person might have learned even more than she anticipated and be quite satisfied. Hence, this dimension of satisfaction (yes/no) was added to the Year II evaluation.

As indicated on Table 4-2 (total percent satisfied), trainees were quite satisfied with the amount of training on each topic; nevertheless, they made some distinctions. The percent of trainees who felt satisfied ranged from 62% to 91% across the twenty topics. Furthermore, each person made distinctions between topics. That is, few persons consistently said they were dissatisfied (or satisfied) with <u>all</u> topics. Instead, a large number of people were dissatisfied with the amount of training they received on a few topics, and those topics varied. In other words, the trainees made distinctions between topics to a greater extent than the evaluators had anticipated.

Table 4-2

Training Needed and Received by Satisfaction for Individual Topics: Mean Scores and t Probability

Topic	Total Percent Satisfied	Satisfied		Dissatisfied	
		Need (Pre)	Received (Post)	Need (Pre)	Received (Post)
1. Human growth and development	85.6%	3.35	3.85*	3.59	2.77*
2. Special needs children	61.9	3.05	2.99	3.35	2.38*
3. Infants and toddlers	84.4	3.01	3.80*	3.47	2.24*
4. Multi-cultural children	63.3	2.96	2.81**	3.26	1.81*
5. Nutrition	81.8	3.15	3.71*	3.22	2.06*
6. Health	79.7	3.27	3.50*	3.61	2.01*
7. Safety	77.1	3.57	3.67	3.82	2.15*
8. Programming	86.8	3.93	4.20*	3.90	2.82*
9. Play	91.0	3.82	4.33*	3.78	4.19*
10. Behavior management	78.9	4.20	4.13	4.22	2.87*
11. Use of physical space	83.3	3.26	3.97*	3.42	2.46*
12. Curriculum content	83.5	3.93	3.95	3.95	2.55*
13. Roles and needs of parents	77.0	3.64	3.72	3.60	2.27*
14. Use of local resources	73.8	3.47	3.62**	3.49	1.90*
15. Understanding self	83.5	3.45	3.95*	3.63	2.22*
16. Interpersonal skills	78.2	3.55	3.65	3.59	2.19*
17. Confidentiality	85.7	2.71	3.72*	2.98	2.01*
18. Legal responsibilities	76.6	3.61	3.76**	3.72	2.31*
19. Families in distress	64.8	3.72	3.46*	3.73	1.93*
20. Family home administration	70.1	3.14	3.25	3.47	1.88*

*Difference between Need and Received is significant ($p < .001$).
**Difference between Need and Received is significant ($p < .05$).

An analysis of the responses indicated a number of interesting items. First, for each topic, a comparison was made between those providers who were satisfied with the amount of training they received on a topic with those who were not satisfied (also indicated on Table 4-2). Probably most important is the fact that, as a group, those who felt they received less training than they needed were dissatisfied, while those who received the same or more training than they believed they needed were satisfied. The consistency of this finding across the twenty topics is amazing.

Further, these responses indicate that among those trainees who received significantly more training than they originally thought was necessary, they obviously did not feel it was too much; they were satisfied. Either these people underestimated their own needs or the time constraint was such that it was not possible to receive too much information on any of the topics.

An attempt was made to explain the consistency of the differences between those who were satisfied and those who were not. Since the courses were designed by 11 subcontracting institutions and taught by 29 different teachers, it seemed plausible that the trainees' ratings of the amount they received might have reflected actual variations in topic coverage. In fact, this was not true. The trainees who were dissatisfied and who felt they were taught less than they needed were distributed throughout the various courses. That is, they sat in the same classes as those who were satisfied and felt they had received as much or more than they needed.

Perhaps this finding might reflect variation in the relative importance of the twenty topics. When the ranking of the twenty topics is examined, however, comparing those who were satisfied and those who were not, there was no significant difference in their rank order. That is, both those who were satisfied and those who were not satisfied ranked the topics the same with regard to need for training.

There was only one other difference between those who were satisfied and those who were not. Those who were dissatisfied tended to feel that they needed more training in each topic than those who were satisfied. That is, the people who later said they were dissatisfied, had a higher need (mean score) on most topics than the people who were satisfied (see Table 4-2).

In essence, trainees were selective in their evaluation of the twenty topics; those who were dissatisfied with the amount of training they received tended to feel this way only about a few topics. Further, dissatisfaction was relatively dispersed among the twenty topics and among the classes. When those trainees who were dissatisfied with training on a specific topic were compared to those

who were satisfied, there was agreement on the relative ranking of need between topics, but the dissatisfied trainees generally felt a higher order of need and definitely felt they received less training than they needed. It is these latter facts that account for the difference between the two groups. No one was dissatisfied because of too much training.

Certainly, these findings indicate that day care providers are a group who feel a high need for training in a range of topics. Further, the amount of training contained in a twenty hour course was never viewed as too much, but often as too little, to satisfy these providers.

Since there were a number of differences between home and center providers regarding their work and problems, it seemed logical to examine these two groups separately. The differences described above did not seem to be a function of either group. That is, home and center providers separately evaluated their training needs, training received, and satisfaction in a manner consistent with the total group.

When the two groups are compared to each other, it is interesting to note that home providers felt they needed more training on most topics than did center providers; they did not, however, believe that they received more training (see Table 4-3). Although not indicated in the table, it was also true that there was no significant difference in their level of satisfaction with the training they received in each of these topic areas.

In essence then, both the home and center providers were very satisfied with the training they received. There is a remarkable consistency in the few places where dissatisfaction was expressed; it was related to receiving less training on a specific topic than desired. Most providers received as much or more training on a topic than anticipated and consistently were pleased. This logically leads to the next question concerning how much they actually learned during the training.

Table 4-3

Pre-Post Ratings of Topics by Type of Provider
(Mean Score)[1]

Topic	Home		Center	
	Need (Pre)	Received (Post)	Need (Pre)	Received (Post)
1. Human growth and development	3.63	3.57	3.37	3.93
2. Special needs children	3.64	2.50	3.01	2.34
3. Infants and toddlers	3.12	3.40	3.43	3.84
4. Multi-cultural children	3.38	2.47	2.81	2.32
5. Nutrition	3.25	3.42	3.36	3.39
6. Health	3.52	3.08	3.39	3.32
7. Safety	3.87	3.19	3.66	3.46
8. Programming	4.14	4.05	4.00	3.94
9. Play	4.00	4.19	3.82	4.20
10. Behavior management	4.46	3.88	4.25	3.83
11. Use of physical space	3.61	3.72	3.19	3.69
12. Curriculum content	4.19	3.70	3.89	3.76
13. Roles and needs of parents	3.85	3.31	3.60	3.58
14. Use of local resources	3.60	3.11	3.57	3.32
15. Understanding self	3.72	3.73	3.55	3.62
16. Interpersonal skills	3.83	3.30	3.59	3.38
17. Confidentiality	2.95	3.52	2.70	3.37
18. Legal responsibilities	3.84	3.44	3.78	3.38
19. Families in distress	3.88	2.83	3.72	3.09
20. Family home administration	3.16	2.59	3.75	3.24

[1]Derived from scores which ranged from 1 (lowest) to 5 (highest).

Level II: Trainees Knowledge and Skill

As in Year I, a second question for evaluation was whether or not the training affected the providers' knowledge and attitudes about child care and child development. As discussed in Chapter 2, the evaluation design involved two basic approaches to answer this question: (1) measurements taken from a group of untrained providers to compare with the trained home providers (a contrast group design) and (2) measurements taken both before and after training (a pre-post design) for a selected subset of ETU's (educational training units, i.e., courses).

Since an extensive search failed to locate an appropriate trainee knowledge test for use in Year I, an assessment instrument was designed by one of the evaluators (Kaplan and Smock, 1981) especially for this program. This test involved three separate sections.

As discussed in Chapter 2, Methodology, the experiences of Year I were used in the development of a new caregiver knowledge test for Year II. To begin with, Section I contained generally known information (common sense) that is not very much affected by specialized training in child care/development; therefore, this section was deleted in the Year II knowledge test. On the other hand, it was clear that Sections II and III of the Year I instrument were relevant and appropriate for this trainee population; therefore, they were retained.

Since the Year I instrument had been published in the evaluation report for that year, it was available to all of the subcontractors and, thus, to the trainers in Year II. In order to avoid the phenomenon of "training to the test," a new knowledge test was devised for Year II that was modelled after Year I, Section II and III (see Appendix A).

Contrast Group: Comparative Analysis. A basic part of the analysis of training outcomes is the comparison of knowledge test scores of the trained group with a similar group of providers who did not receive training. Like Year I, the only available group which was comparable to the child care providers in this project was a group of home providers. The details regarding this contrast group, the sampling technique and data collection are discussed in Chapter 2.

The results, as indicated on Table 4-4, reveal a significant difference between trained and untrained providers for the Child Care Information section of the knowledge test. There was no difference, however, on the Child Care Philosophy Section of the instrument. These findings replicate those of Year I. It is clear that training had a measurable impact on home providers.

Table 4-4

Knowledge Questionnaire Mean Scores
for Trained and Untrained (Contrast Group) Home Providers

Subject Section	Percent Correct		Highest Score Possible	Mean Score		t value	1-tailed probability
	Untrained	Trained		Untrained	Trained		
Child Care Philosophy	77.0	77.8	5	3.85	3.89	.69	N.S.
Child Care Information	73.6	77.8	19	13.98 (N=59)	14.79 (N=200)	2.35	.01

Comparison of Pre-Post Scores of a Trained Subgroup. In order to provide an alternative method for the assessment of training outcomes that would include both home and center providers, a pre-post design was used. Six ETU's were selected in which the trainees were asked to complete the knowledge questionnaire during the first session and again at the conclusion of the last session of training. In this analysis, both sections of the knowledge test showed significantly increased scores from the pretest to the posttest (see Table 4-5). Again, we find that the Year II results are consistent with those from Year I. That is, providers scored higher after training than before: they learned from the training.

Therefore, for the most part, we can say that training was successful. Both approaches to the evaluation of knowledge outcomes showed significant effects; in the first case, on one section of the knowledge test and, in the second, on both sections. Furthermore, it is fascinating that this differential finding for the two separate methods (contrast group comparison and pre-post comparison) replicates that of Year I. The important issue is that changes in knowledge as a result of training were indicated by both methods.

A relevant question was posed by the pre-post differences, however. Were they a result of training per se or did the pretest itself act to inflate posttest scores? That is, the pretest may have sensitized or motivated the trainees in ways that tended to improve

Table 4-5

Pre-Post Knowledge Questionnaire Scores

Subject Section	Year 1 (N=99)				Year 2 (N=86)			
	Mean Percentage Correct		t Value	1-tailed Prob.	Mean Percentage Correct		t Value	1-tailed Prob.
	Pre	Post			Pre	Post		
Child Care Situations (deleted in Year II)	78.1	82.6	2.89	.003	--	--	--	--
Child Care Philosophy	77.6	80.6	4.05	.000	75.4	78.6	4.88	.000
Child Care Information	71.3	74.3	1.97	.03	74.5	78.9	3.66	.000

their posttest scores above and beyond the effects of training. For example, pretested trainees may have sought out information about difficult test items during training. If this occurred, then the posttest scores of this group should be higher than those of the unpretested group. Statistical analyses revealed no significant differences between these two groups on either section of the final knowledge test.[1] This finding supports the conclusion that the pre-post differences shown in Table 4-5 are indeed a result of knowledge acquired during the training process.

In conclusion, in Year II, with more than half of the trainers new to the program, with new formats, revised instruments, and with a new group of trainees, remarkably similar outcome data were obtained. Such findings can only reinforce the conclusion of the Year I evaluation report that the Michigan Day Care Provider Training Program conducted effective provider training. Furthermore, the positive program outcomes found in Year I did not depend upon the impetus of a first time, novel program: they have clearly been replicated in the second year.

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[1] Child Care Philosophy, t (627) = .38, N.S.
Child Care Information, t (627) = .79, N.S.

Differential Impact of Training. A major goal of this evaluation was to gain some insight into optimal training conditions by analyzing the differential impact of various dimensions of training. With this in mind, five separate analyses were conducted in order to see which dimensions promoted positive training results: (1) a comparison of home and center providers, (2) a comparison of ETU's with differential mix of home and center providers, (3) a comparison of providers trained in ETU's with a few topics targeted for training versus those trained in ETU's with many targeted topics, and (4) a comparison of the relative success of the 11 subcontractors. It was believed that any of these four dimensions might effect training.

The first comparison of the relative impact of training concerned home and center providers. Since they have somewhat different experience and training needs, several aspects of the evaluation examine their reactions separately. During Year I, home providers scored significantly higher than center providers on the Child Care Information section: No such difference was found in Year II (see Table 4-6). There is no concrete explanation for this change in

Table 4-6

Scores on Knowledge Questionnaire
By Type of Provider

Subject Section		Percent Correct			
		Year I		Year II	
Year I	Year II	Home	Center	Home	Center
I. Child Care Situations	- - -	83.5	82.4	- - -	- - -
II. Child Care Philosophy	II. Child Care Philosophy	81.2	81.4	77.8	78.6
III. Child Care Information	III. Child Care Information	77.6	75.2[a]	77.8	78.5
		(N=341)	(N=663)	(N=200)	(N=360)

[a] means = 9.31, 9.02, t = 2.38, 1-tailed probability = < .01.

results. It may be related to aspects of the knowledge instrument or to characteristics of the groups trained. With regard to the latter, the characteristics measured indicated few differences between the trainees in Year I and Year II (see Chapter 3). The fact remains that in Year II there was no differential impact of training on home and center providers.

The second analysis examined the influence of training home and center providers together versus training them separately. Such a comparison in Year I indicated that the composition of an ETU by type of provider significantly affected scores on the knowledge questionnaire. In that analysis, training mix was defined in the following manner:

1. No mix: all providers in the ETU were of the same type.
2. Low mix: less than 25% of the trainees were of one type (home or center).
3. High mix: more than 25% but less than 75% of the trainees were of one type.

The findings indicated that higher scores resulted, on all three sections of the knowledge test, from providers trained in classes (ETU's) with a mix of both home and center providers. Since this was an ex post facto analysis, it was important to repeat the analysis on the Year II data to determine its replicability. The same criteria were used to distinguish the levels of training mix (no, low, and high) as in Year I. The no mix group had 247 trainees (44%); the low mix, 122 (22%); and the high mix, 192 (34%). Statistical analysis (a multivariate analysis of variance) indicated that whether home and center providers were trained in separate classes or in mixed classes did effect performance on both sections of the final test, but did not effect satisfaction with training.[1] The data did not exactly replicate

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[1]Multivariate analysis of variance main effect: Mix of Training, Hotellings F (6, 1100) = 8.73, p <.000. Univariate F-tests: Score 1, F (2, 553) = 20.91, p < .001; score 2, F (2, 553) = 12.31, p < .000; and satisfaction rating, F (2, 553) = 2.22, N.S.

that of Year I since there was little difference between low mix and the high mix groups. However, for both sections of the test, scores appeared higher for those trained in a group with some mix of home and center providers (whether high or low) than in classes with no mix.

Given the findings of both Year I and Year II, it appears that training benefits can be maximized by running classes that include both home and center providers rather than homogeneous classes that segregate types of providers. Before considering any interpretation of these results, it is important to note the fact that these trainees were not randomly assigned to a level of training mix. Any effect of training mix may be related to whatever factors underlay the subcontractors' decisions about the composition of ETU's by type of provider. Undoubtedly, there were a variety of such factors.

With this in mind, some possible explanations will be considered. Perhaps discussion was more stimulating in the mixed groups, with examples from both home and center settings, or perhaps the trainer was more challenged and therefore did a better job in a mixed group. On the other hand, it is possible that there were some negative aspects of the "segregated" classes (either all home providers or all center providers) that led to lower scores in those classes. For example, in a few instances, an entire center's staff was trained together as one class. The interpersonal dynamics which these staff members brought to such a class might have been difficult for a trainer to handle well. In summary, it appears that there were some added benefits for trainees in this project who were trained in classes enrolling both home and center providers. An experimental study of this variable is needed, however, to establish the effect and to provide a clear answer as to its origin.

The third analysis involved a comparison of the scores of all providers trained in ETU's for which the number of topics targeted for training was low (7-12) versus those for which it was high (13-19). No significant differences in test scores were found between the two groups. Those who received training in a course aimed at only a subset of the topics obviously were not at a disadvantage on the test, despite

the fact that it assessed all 20 curriculum topics. In fact, those trainers who chose few topics did not limit discussions to those topics and, conversely, perhaps those trainers who chose many did not have time to go into depth for all of them. While these topics appeared discrete in theory, in fact, they were often intertwined in practice.

A fourth comparison of the differential impact of training involved an evaluation of the relative success of the eleven subcontractors. As indicated in Table 4-7, the mean scores for the three measures of training outcomes show very little variation among the scores for any one measure. However, there were some interesting consistencies. When the top three scores for each measure of success were examined (see Table 4-7), it was clear that one subcontractor (number 5) was superior on all three measures. Two other subcontractors (numbers 2 and 7) each produced results in the highest quarter for two of the three measures. When all three measures were considered together, it was evident that there were some significant differences among the subcontractors, although they did not differ on any one of the measures alone.[1]

Although there was a subcontractor differentiation on the total set of success measures, any attempt to associate their relative success with possible corresponding differences in their training approaches was problematic. For one thing, there were not identifiable training

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[1]A multivariate analysis of variance with subcontractors as the independent variable indicated that the subcontractors were significantly different from one another, when all three measures were considered at once. MANOVA, Multivariate Test (Pillais), F (24, 1605) = 1.79, $p < .01$. (The univariate F tests for score 1, score 2, and overall satisfaction were not significant.)

Table 4-7

Comparison of Subcontractor Success Measures[a]

Subcontractor	N[b]	Number of ETU's	Knowledge Questionnaire Mean Scores		Mean Trainee Ratings of Overall Satisfaction
			Section I	Section II	
1	90	6	3.90	14.22	4.16
2	88	7	3.95	15.68	4.31
3	81	5	3.71	14.07	4.19
4	78	4	3.77	13.77	3.73
5	64	4	4.07	15.48	4.30
6	58	5	3.93	14.62	3.67
7	47	4	4.02	15.34	3.74
8	36	2	3.90	15.14	4.33
9	35	3	4.00	15.00	4.11
10	30	3	4.00	15.20	3.79
11	22	1	3.90	14.86	3.73
Overall Mean:	57	4	3.91 (S.D.=.36)	14.76 (S.D.=2.51)	4.05 (S.D.=.87)

[a]MANOVA (Pillias), F (24, 1605) = 1.79, $p < .01$. The univariate F tests for score 1, score 2, and overall satisfaction were not significant.

[b]N = the number of completers who filled out the final knowledge test.

modes which could be used to differentiate these subcontractors and explain the variation in the set of outcome scores. This was due to several factors. First, there was such variation within subcontractors: their class size varied from one ETU to another, as did formats, topic choices and their approach. Second, subcontractors were not assigned, nor did they ascribe to, an identifiable training method. Thus, there was no recognizable, verbalized dimension by which to characterize the different subcontractors. No doubt they were unique, but their uniqueness lay more in a complex combination of traits than in an identifiable, singular approach to training delivery.

As is frequently true in evaluations of human service programs, where data do not distinguish between program components, staff members often are aware of distinctions. In this project, the CUS/WSU staff believed they knew the more successful subcontractors. In order to discover the extent to which attributes of successful subcontractors could be recognized, two staff members were asked to rank them. Both of these persons had made numerous site visits and had worked with the subcontractors extensively during both Year I and Year II. Each rank-ordered the subcontractors according to her own prediction of trainee success on the two major evaluation measures: (1) the trainees' knowledge scores and (2) the trainees' overall satisfaction ratings.

It is interesting that their prediction of the subcontractors' success on the basis of trainees' satisfaction ratings was relatively accurate compared to their prediction on the basis of the knowledge test. Not only was there little agreement with the actual knowledge scores, but there was also little agreement between the rankings of the two staff members. When queried, it became evident that, to some degree, they were qualifying their rankings of knowledge scores on the basis of trainee education. That is, they were influenced by their own perception of the relative difficulty in teaching the providers served by the different subcontractors.

This measurement by the two master contractor staff members illustrates what every teacher knows: a written test, by itself,

cannot take into account trainees' prior education, learning and testing skills. Hence it cannot be the only indicator of the quality of the subcontractors' performance. If it were the single indicator, without site visit documentation, and without trainee demographic information, then those subcontractors who served trainees with lower levels of learning skill would be evaluated unfairly. At any rate, it is important to recognize in any comparison of subcontractors that differential characteristics of the trainees influence outcome measures.

We are left with the conclusion that perhaps some subcontractors were better than others, but without a clear picture of the "best" combination of traits for success or, in fact, a doubt as to whether there is a "best" combination of traits for success. Such a conundrum may be inevitable in a project where subcontractors are given a large degree of control over local training delivery in widely dispersed locations. After such locally controlled programs have evolved, it is difficult to pinpoint their most relevant dimensions relative to other programs. In fact, if the original thesis of this project is true, the most important dimension should be the subcontractors' success in matching the training to the needs and abilities of the providers in each ETU in their own area. Such a concept is neither easily quantified nor measured. Nevertheless, if the programs were continued into a third year, this would be one of the most important areas in which the evaluation should focus.

Certainly, Level II analyses have indicated that the program was successful in terms of measurable increases in child development and caregiving knowledge. Having established this, we now look to the next level of analysis.

Level III: Pre-Post Center Environmental and Caregiver Behavioral Observations

A more direct assessment of the impact of training providers, than that of measuring knowledge gains, is assessment of providers' on-the-job caregiving behavior as a function of training (Level III as indicated in Figure 1). While this level of evaluation is viewed as

desirable, it is extremely expensive and time-consuming. In the Year I evaluation, it was possible to gather such data for a small group of nine home providers. A statistically significant improvement in actual caregiving behavior was found in one-third of the home observation measures. In Year II, observations were collected on center providers rather than home providers. Although it would be advantageous to have current data on both types of trainees, the expense made this prohibitive. Center providers were selected for this evaluation because home providers were used in Year I and a larger number of center providers could be observed at one time with the limited funds available.

The original behavioral observation sample was comprised of 26 providers from eight different day care centers. Due to drop-outs from training and one provider who was not able to remain in the room during the post session, the sample size dropped to 17 trained providers at the posttest. (The eight centers in which the providers worked were located in Wayne, Oakland, and Ingham Counties and were a mix of rural and urban). All of these trainees were employed in centers which agreed to allow an observer from the evaluation staff to come in on three separate occasions. No data were collected at the first visit. This contact was made to acquaint the center's staff with the observer and to help reduce the sense of anxiety when observations began. During this first visit, the observer met the center's director, explained the observation request to each enrolled provider, and visited each room in the center for a short time. At the second visit, which usually occurred on the next day, the same observer collected data to describe the immediate environment in which the trainee was working. One 15-minute observation checklist was also completed during the morning session to document the provider's behavior with the children in her care. Approximately two weeks after the enrolled provider's training class had been completed, the observer went back to the center to collect the same data again. Thus, both before and after training, data were collected on caregiver behavior and day care center environmental characteristics. These data will be discussed separately

in the following sections, commencing with center environmental characteristics.

Center Environmental Characteristics. The instrument designed to assess possible improvements in the day care center classrooms in which the trainees were employed involved an overall rating as well as several specific ratings. The overall rating was the observer's assessment of the entire environment in that center classroom, rated on a scale from 1 (poor) to 5 (excellent). There was no significant difference in the ratings obtained before and after training. Thus, the observer's overall impression did not substantially change.

However, a different picture emerged from the specific ratings of environmental characteristics (see Table 4-8).[1] The specific ratings included the appropriateness of various types of equipment and resources, arrangement of the room, display of children's art work, the degree of free choice in activities, and others. The individual items were summarized into five scores. Two scores out of the five showed significant improvement.

The items included in the first score (the Basic Resources rating) involved improvements in equipment, furnishings, the variety of books, adequacy of lighting and ventilation, and the noise level. The items that improved in the second significant score (the Developmental Environment rating) involved more classrooms arranged into clearly defined activity areas, more with children's art work displayed at eye level, and more in which self help was encouraged by making materials/equipment easily assessible to the children.[2] It is

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[1]Fifteen rather than seventeen classrooms were included in this analysis since, in two cases, a pair of trainees were working in the same room. In order to insure that each of the room ratings in the data set was independent, one rating in each of these two pairs was randomly selected to be entered into the analysis.

[2]The items included in each of these sections are shown on the instrument called "Environment: Structural Characteristics" that appears in Appendix A. The basic resources rating refers to items 16-19 and 24-27, while the developmental environment rating includes items 14, 28-31 and 33.

Table 4-8

Center Environmental Observations Pre-Post Means[a]

Observation Category	Range Possible	Mean Score		t value
		Pre	Post	
Overall Rating	1 - 5	3.67	3.80	-1.47
Basic Resources	1 - 5[b]	3.33	3.41	-2.20*
Developmental environment	0 - 5[c]	4.00	4.53	-3.23**
Child activity level	1 - 5	3.80	3.60	1.00
Teacher responses	1 - 4	2.93	3.13	-1.38
Child reactions	1 - 4	3.27	3.33	- .32

[a]Fifteen day care center classrooms were observed.

[b]The mean of ratings on eight items.

[c]The mean number of checks for five items.

*$p < .02$, one-tailed probability.

**$p < .01$, one-tailed probability.

encouraging that these aspects of the environment were observed to improve after training. Although a different observation checklist was used in Year II, these findings are similar to some of the improvements noted in the Year I observations of home providers before and after training (Stearns).

The evaluators realized that it would be unrealistic to expect a great deal of change in classroom environment as a function of training for center providers. A center provider may learn new methods during training, and wish to implement them, but needs to convince other staff members of their utility. By contrast, a home provider would face no such barrier to the implementation of new ideas. In both sets of on-site observations, however, home providers in Year I and center providers in Year II, there were some improvements in the toys and materials available as well as their arrangement into clearly defined activity areas. Such environmental improvements should result in more appropriate and enriched experiences for the children in care. We now turn to an an examination of the directly observable behavior of center providers trained in Year II.

Caregiver Behaviorial Observations. The instrument designed to assess caregiver behaviors involved tabulation of the frequency of the caregiver's language, emotional, social, and behavior management interactions with the children as well as time spent unoccupied, talking with adults, and attending to the child care setting. Eight of the twelve variables were designated as desirable provider behaviors, and four as undesirable.[1] These variables are indicated in Table 4-9.

It was predicted that the undesirable behaviors would decrease after the completion of training while the desirable behaviors would increase. In general, providers rarely showed negative caregiver behaviors during the pre-training observation session. Therefore, while all of the undesirable behaviors decreased from the pretest to the posttest, the frequency of their occurrence was very low and none of these mean differences were significant.

Four of the eight desirable provider behaviors increased significantly after training: facilitates development of social skills,[2] expresses positive emotions to child, provides physical child care, and attends to the child care setting. Thus, the caregivers were more involved in physical caregiving activities and in behaviors that facilitate social and emotional development after training. Increases were not found in the areas of language and cognitive behaviors. Such results would suggest that it was primarily the provider's involvement with her role as a physical caregiver and as a teacher about feelings and interactions that was affected by training. Such nurturant behaviors facilitate the growth of security, self-esteem, and social competence in children (Conn, 1982).

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[1]For a discussion of interobserver reliability estimates, see Chapter 2.

[2]It should be noted that this category (facilitaties development of social skills) was an infrequently scored category during reliability sessions and showed low interobserver reliability.

Table 4-9

Pre-Post Center Provider Observation Scores[a]

Observation Scale Category	Range Possible	Mean Score		t Value
		Pre	Post	
Undesirable Provider Behaviors				
1. Teaches by group repetition/rote	0- 15	.35	.12	1.00
2. Negative disciplinary action	0- 60	.41	.00	1.00
3. Unoccupied	0- 15	.06	.00	1.00
4. Talks to adult(s)	0- 15	.41	.00	1.16
Desirable Provider Behaviors				
5. Total child-directed language	0-255	20.29	19.12	.63
6. Facilitates dev. of language	0-120	15.59	14.71	.53
7. Facilitates dev. of social skills	0- 60	.71	2.12	-2.54*
8. Facilitates dev. of cognitive skills	0- 45	3.24	2.94	.43
9. Expresses positive emotions to child	0- 60	6.18	9.94	-1.98*
10. Positive child management/discipline	0- 75	1.00	1.00	.00
11. Provides physical child care	0- 15	3.47	6.35	-2.64*
12. Attends to the child care setting	0- 15	2.00	3.29	-1.83*

a N=17

* $p < .05$, one-tailed probability.

It is encouraging that after such a short period of training, increased care and warmth were transmitted to the children during the observations. It may be that these functions are more amenable to change after short-term training than the more verbal, teaching functions. On the other hand, it may be that the training addressed the former functions more effectively than the latter. At any rate, the changes in provider behavior recorded in this study would facilitate the child's learning and development in many areas since they promote the child's sense of security and self-esteem.

Summary

This chapter has reviewed various assessments of the outcomes of this training program. Whether satisfaction ratings, knowledge measures, or behavioral observations were examined, it was clear that there were positive training results. In addition, all of the data fit together into a consistent picture: providers were satisfied with their training classes, they evidenced new learning about child care, and a small subgroup exhibited positive modifications in their behavior as center caregivers.[1]

Since these results are consistent, not only with one another, but also in relation to the findings of the ear I evaluation (Kaplan and Smock, 1981), they appear valid and reliable. The ultimate conclusion that is reached after integrating the outcome findings of these two years of project implementation is that the home and center providers who were trained did indeed benefit from the training. The sum total of all findings indicates that this project was effective in training home and center day care providers.

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[1]The observational study of environmental and caregiver behavioral characteristics was conducted as a master's thesis in Human Development, Department of Family and Consumer Resources, Wayne State University by Jacquelyn Conn (1982).

Chapter 5

Summary and Recommendations

This chapter presents a summary of the evaluation findings discussed in this report. Recommendations are then presented which are based both on the Year I and Year II programs. The prime fact is that the Michigan Day Care Provider Training Program demonstrated successful training during its first year and this was replicated in a second year.

- 2487 certified child care providers from 69 counties throughout the State of Michigan were enrolled in the Michigan Day Care Provider Training Program during the two periods of its operation. 2,040 or 82 percent completed training. 677 of those who completed training did so during the Year II program.

- The program recruited a substantial number of home providers for the training program. 259 or 38 percent of those who completed the Year II training were home providers and 418 or 62 percent were center providers. Hence, the program trained a total of 760 home providers and 1,280 center providers.

- The master contractor successfully implemented training through a subcontractor system. While major responsibility remained with the master contractor, the program was designed to be flexible so that subcontractors could adapt content and form to local needs.

- Of the child care providers who successfully completed this 20-hour training program, 547 or 81 percent were offered college, academic or continuing education credit. For some of these providers, this experience initiated them into college courses.

- The approximate cost for training these providers was $279 per person. Although no direct comparison could be made to identical programs, this cost appears low compared to CDA or general college credit.

- Both the family home providers and the day care center providers learned from the training they received. Trainee measures showed satisfaction with training and improvements in child care knowledge as well as behavior in the child care situation. The improvements found after Year I training were, for the most part, replicated in Year II.

- Local linkages were developed between providers and community resource agencies. These were further enhanced by the networks that providers developed among themselves and the local child care organizations they joined.

- There was a strong commitment from everyone involved: the local trainers, subcontracting institutions, and the master contracting staff. This was further enhanced by the strong involvement and leadership of the overall Project Advisory Committee and many of the local Project Advisory Committees.

Summary

There were 2,192 child care providers from counties throughout the State of Michigan who received twenty hours of training from the Michigan Day Care Provider Training Project during the two summers of 1980 and 1981. In Year II, the focus of this evaluation, 825 certified child care providers were enrolled; 676, or 82 percent completed the 20-hour training program.

Of the 677 who were trained, 38 percent were family home providers. This was a major achievement considering the difficulty of recruiting home providers. It is particularly important to include home providers in training courses since they have relatively less chance than do center providers, of obtaining training and less interaction with others from whom they can learn. Family home providers are, by the nature of their jobs, somewhat isolated.

The selection of training institutions and their implementation of the program insured the achievement of several major objectives of the master contractor: recruitment throughout the state; a large proportion of home providers; and the option of college credit for the training.

From the viewpoint of the master contractor, two major changes in the Year II program were the development of an administrative manual and the creation of curricula, specifically designed for day care providers in each of the twenty topics available for training.

The administrative manual was most useful to all subcontractors. It contained details including: definition of terms, information about fiscal, evaluation and training procedures, as well as copies of all forms and schedules for their completion. Such written documentation is important for any program but is essential in a decentralized program such as this one.

The administrative manual freed time for the CUS/WSU program staff to provide much greater content resource support to subcontractors than was possible in Year I, although some subcontractors reported a need for still further help. For most, the site visits, telephone contacts and organized group meetings were viewed as important supports for improving the delivery of training.

The level of use of the 20 curricula was less than anticipated. Many subcontractors used them as auxiliary resource material. A few used them as the major curricula. Reasons for this limited use include the fact that they were not completed for distribution at the initial phase of the program and that they need refinement. Experience with their use during this summer of training provided worthwhile guidance in the refinement and improvement of the curricula for the future training of day care providers.

Analysis was conducted on three aspects of the program for the first time in Year II: trainee "drop-outs", cost of training and providers prior training elsewhere. Of those who enrolled in the program, 18 percent, or 148, dropped out before the program was completed. Information from those who fail to complete is crucial when evaluating any program. After all, they are the potentially dissatisfied and underserved. Interviews with the "drop-outs" from this program indicated that they had positive attitudes toward the program; their attitudes are similar to those providers who completed the program. Most providers who left the program before completion did so for reasons unrelated to the program. They were enthusiastic about the training and wished they could have stayed.

One of the crucial questions about any program, no matter how effective, concerns its cost. The cost of training during the second year was approximately $274 per person for twenty hours of training.

It should be noted that the price of training was arrived at using the most expensive calculation. Hence, the cost figure is conservative; calculated in other ways, it would be even lower per person. The cost was low by comparison to other programs; and when considering the expense involved in carrying out a statewide program.

Data from Year I seemed to indicate that a large number of the trainees had received prior training in child care and development. A more thorough analysis of this data in Year II indicates that, in fact, most of the prior training which these child care providers had obtained was either that which most high school and college students obtain or was attendance at specific workshops. Few had received the training needed for their responsible positions of child care providers.

An analysis of the characteristics of the Year II trainees revealed that they were remarkably similar to the Year I trainees. The differences which did occur were a reflection of the geographic location of the subcontractor and their recruiting process. Hence, any differences in outcomes are attributable to matters other than trainee characteristics.

Outcomes - Level I: Trainee Attitudes and Expectations. The child care providers who were trained in this program indicated that they were very satisfied with the overall training in Year II as had been true in Year I. Further, almost everyone was satisfied with the training they received in each of the 20 topics relative to what they expected. Those few who were dissatisfied with the amount of training they received tended to feel that way only about a few topics, and consistently, across all of the topics, they were the people who felt they received less training than they needed. Almost everyone felt they received the same or more training than they needed and were satisfied. The amount of training contained in a twenty-hour course was never too much to satisfy these providers.

Outcomes - Level II: Trainee Knowledge and Skill. The providers were given a test to determine how much child care knowledge they obtained from this training course. Several analyses were performed in order to assess the impact of training on their level of child care knowledge.

First, a comparison was made between the scores of trained home providers after they completed the course and a group of untrained home providers who had indicated a desire for training but were unable to enroll. The trained home providers did, indeed, score significantly higher on one of the two sections of the test than did the untrained providers. This replicates the findings of Year I and indicates that training had a measurable, positive impact on home providers' knowledge of child care information.

Second, a subgroup of home and center providers completed the knowledge test both before and after they were trained. Again, test results indicated that they had gained knowledge from training. In this case, both sections of the test showed significant improvements from the pretest to the posttest. This finding is also consistent with Year I. This demonstration of provider learning as a result of training was strengthened by an additional analysis which indicated that these improved scores after training derived from training in and of itself and not from some sensitization or motivational effect of being tested just before training.

These findings reinforce the conclusions of Year I that the Michigan Day Care Provider Training Program was an effective training project. Furthermore, the positive program outcomes found in Year I did not depend upon the impetus of a first time, novel program: the outcomes were clearly replicated in Year II.

Third, several studies of the differential impact of training were conducted. The following conclusions can be drawn from those studies:

1. In Year II, there appeared to be no differential impact of training on home and center providers. As a group, they scored equally well on the knowledge tests.
2. In both years, for all sections of the knowledge test, somewhat higher scores occurred in those training groups with some home/center provider integration than in those groups that were segregated.

3. There appeared to be no difference in the scores of providers trained in classes that were focused on relatively few training topics (7-12) versus those focused on many topics (13-19).

Outcomes - Level III: Trainee Behavior and Center Environment. One goal of the evaluation was to assess the impact of training on the trainees' behavior as caregivers and the day care center environments. Observations were made before and after training of seventeen center providers and their center classrooms. The center environment showed improvement in two of the five specific areas which were rated, but not in the observer's overall rating. Some of the improvements are similar to those found in the Year I observations in the homes of day care home providers before and after training.

It is understood among evaluators that it is difficult to measure change at the level of behavior, since techniques are not necessarily sensitive enough to pick up changed behavior. With this qualification in mind, it is remarkable that behavioral observations of 17 center providers did indicate improved caregiver behavior.

Four of the eight desirable behavior categories showed improvement after training. Such results suggest that it was primarily the provider's involvement with her role as a nurturant, socially responsive caregiver that was effected by training.

From all three levels of evaluation, it was clear that there were measurable, positive outcomes of this training program.

Recommendations

1. Professional training for child care providers should have a high public priority.

It has become almost a cliche to refer to the unprecedented number of preschool children who spend most of their working hours out of their home with a paid non-relative. When this fact is combined with our knowledge about the developmental process during the early years, one can state, without exaggeration, that the American family is in a revolutionary stage. Furthermore, no

one is certain of the individual, family, and societal alterations which will result from this changed milieu and new relationships in the lives of small children. One thing is certain. Child care providers, who have received few of society's occupational rewards, are playing an ever growing role in the lives of American children. Further, although most people agree that nurturance is an essential attribute of a child care provider, providers cannot automatically be expected to be nurturant. Many view their job as a job, not a human service profession. One method which society uses to insure that persons in sensitive positions act as prescribed is to "professionalize" their approach. Training is an important ingredient in this process.

Certainly, child care providers perform an important and sensitive function. Furthermore, there is a body of information regarding expectations of children of various ages (child development) as well as information about specific topics such as safety, play, and handicaps which can be taught and learned. The obvious conclusion is that professional child care training is a practical, needed commodity.

In essence, the cost of such training must be weighed against its benefits. On the one side, it would appear that the cost is singularly financial. As for benefits, providing care for children is an enormously important job and training improves the ability of providers to do it well. The benefits derived from early childhood education are ongoing and far-reaching: their effects are often seen years later (Wiekart, et al., 1978; Lazar, et al., 1981). In addition, there is some indication that training may help to prevent "burn-out" and, thus, aid in reducing staff turnover and thereby promote the stability of the day care situation for the children served.

2. The Michigan Day Care Provider Training Project should be considered an effective model for future training.

The Michigan Department of Social Services contracted with the Center for Urban Studies/Wayne State University for a specifically designed program. This design involved a single master contractor who determined a general course content and philosophy, then subcontracted with local institutions throughout the state of Michigan to conduct the actual training and create the specific content to meet local needs.

On the other hand, the question this raises is: why not simply use one master contractor to create and implement the training? This certainly would save administrative costs. The answer, as demonstrated by this program, is that local institutions understand the training needs of the providers in their area better than some distant institution. Local institutions certainly are more familiar with local resources and are better able to recruit difficult-to-reach providers than one central institution. In addition, they offer a greater potential for continuity and education since they are locally based. With regard to cost, the differential may not be as great as a first glance would indicate. It is very costly to send trainers and staff to various parts of the state from one central place or have local trainers coordinated and supervised by a distant central office. In fact, it was experience with just such a model which led CUS/WSU to consider subcontracting exclusively.

On the other hand, one could ask: why not simply contract with a variety of local institutions and save the administrative cost of a central organization or master contractor? The fact is that a central institution with staff who understand the philosophy and are child care professionals themselves are necessary in order to maintain training parameters and standards. Certain goals, resources, and information are better shared among all training units, and in some cases are affordable only if shared. Both in regard to structure and content, there are a number of advantages in having the coordinating staff be persons who are experienced professionals in the child care field and attached to a single, responsible institution.

In essence, then, the experience gained from this training model, as compared to other delivery models, indicates a number of advantages. This is especially true regarding program structure, e.g., a master contractor setting the philosophy and parameters for locally based training institutions.

3. Home and center providers should be trained together.

In both years of the project, data indicated that there were some advantages involved in learning information and attitudes about child care in classes that included a mix of home and center providers.

4. Training programs must develop specialized outreach, resources, and materials for recruiting and training ethnically diverse providers.

In Year II, this program had two classes with Spanish speaking providers. It was not sufficient to have a Spanish-speaking trainer. Providers needed materials in Spanish as is illustrated by the fact that the return rate of self-administered evaluation forms was considerably lower than for all other classes. The need for materials in a second language becomes even more crucial in a class which contains only a few bilingual trainees. Furthermore, particular effort should be made to recruit ethnic and racial minority providers since they will most likely be providing care for the corresponding ethnic and racial minority identified children.

Although training ethnically diverse providers, especially where there is a language barrier, means that there must be extra effort and resources, it should not be forgotten that, in a well coordinated program, these trainees become a useful resourse to call upon. They can help the non-ethnic providers understand cultural differences to be expected among the ethnically diverse children and parents. That is one of the advantages of ethnically mixed classes.

The State of Michigan includes a sizable segment of child care providers from ethnic subgroups with special language and cultural needs. There are two sets of needs: those of the trainees who teach the children and those of the children themselves. Furthermore, these people are sometimes frequently migrants which adds another dimension of needs to be considered.

5. The curricula developed by this project should be built upon and refined.

Curricula materials were developed specifically for home and center providers enrolled in professional training which included the potential for academic or continuing education credits. Because no resources which met these requirements could be located, these curricula were developed and used only once (for Year II). These curricula are viewed by the evaluators as a good foundation for training, but most require further refinement to meet their potential level of use. In their current form, they offer trainers a framework and a basic content file for planning class sessions.

6. A component of training should take place on-site.

Training for child care providers is greatly enhanced when they can observe both positive and negative models of interaction and examples of day care environments. Hence, these authorsbelieve that the gains received from on-site training far exceed the additional cost. Advantages to on-site experiences exist even when the children are not present. Equipment and its arrangement, traffic patterns, and safety considerations, plus other topics are highlighted in such a situation. A component of on-site training is, therefore, recommended. On the other hand, the authors do not wish to imply that all training should be on-site. There are also advantages to the adult classroom model when orienting providers to their role as professionals in training.

7. Programs using this model should bring the subcontractors together at least once during the program period as well as at an orientation and at a closing session.

Indications are that there is no substitute for what is gained by this exchange among subcontractors and between them and the master contractor. The best administrative manual, prior experience, and field visits by master contractor staff are not a substitute. These meetings are expensive and difficult because of schedule variation among subcontractors. Nevertheless, these two years of experience, indicate that such meetings are crucial and well worth the cost. Although even more costly and cumbersome, much would be gained by bringing trainers together also.

8. Child care training programs should use child care professionals as trainers.

The informal as well as formal information professionals give to trainers is very important. Of equal value is the model they present of professionalism; child care advocacy; and management of ties to professional organizations. In addition, it is recommended that if a trainer has experience with only one type of care (home or center), some orientation should be provided to acquaint her/him with the other type. While 100% of the trainers in Year II had experience as a teacher or caregiver for young children, only 15 percent had experience as a family home provider. This is not uncommon. Thus, there was a need for specific orientation concerning the special features of family home care as contrasted with center care[1]

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[1]The 1981 Final Report of the National Day Care Home Study: Family Day Care in the United States (DHHS Publication No. OHDS 80-30187) may be useful in acquainting trainers with some of the characteristics, advantages and problems of family day care.

9. The following additional curriculum topics should be incorporated into future training efforts:

a. Minority group children and ethnic differences in children. Here, frequently, the problems of prejudice and bilingualism, as well as ethnic and religious variation in family lifestyle, parental practices, and child behavior need to be considered. One aspect of professional practice in any human service field is respect for cultural diversity among clients (the children and their parents).

b. Issues related to increased professionalism as a provider. Quality child care cannot be a consistent outcome of training unless the provider's sense of self-esteem and her/his role as a professional is supported. Important items for training include (a) awareness of profesisonal and resource organizations, (b) mechanisms for providing substitute caregivers during sickness or emergency, (c) mechanisms for center providers to use in interactions with the director and other staff persons to accomplish positive change and, (d) awareness of their child care advocacy role in the community and state.

c. Interpersonal skills with adults. The evaluators still recommend that a topic "interpersonal skills with adults" be included for both home and center providers to include both dealings with parents (who are late, don't pay fees, expect free child care, and so forth) and with other staff members.

d. Management information for home providers. Home providers need information on bookkeeping, tax issues, liabilities, and small business resources.

e. Age-related information specific to infants and school-age children. Providers who care for these age groups need coverage of the developmental needs of these children. For example, up-to-date guidelines for infant nutrition and feeding are essential for those who care for infants.

f. Information about additional training and educational resources. Since this project offered only a minimum amount of training, 20 hours, many providers wanted more. One function of any training effort should be to gather information about available avenues for further education (e.g., community college child care courses, CDA training, and other courses open to providers). Discussion of career ladders in the child care profession as a part of this topic is also worthwhile since one of the most motivating factors for further training is career development.

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APPENDIX A

EVALUATION INSTRUMENTS

1. Caregiver Information Survey
2. Caregiver Survey
3. Trainer Information
4. Trainer Perception Survey (before)
5. Trainer Perception Survey (after)
6. Trainer Session Form
7. Contrast Group - Mailed
8. Observation Checklist of Center Providers
9. Survey of Incompletes (Drop-outs)

Center for Urban Studies
Wayne State University
DAY CARE PROVIDER TRAINING PROGRAM

Name: _____

Date: _____

Caregiver Information Survey

People come to the training workshops for different reasons and they expect to learn about different things. We need to know why you are coming and what you hope to learn. WE NEED YOUR ANSWERS TO ALL THE QUESTIONS and it only takes about 15 minutes.

1. We have listed some reasons why a person might decide to come to training sessions. Please read all the statements first and then put a check mark beside your two most important reasons. Pick only your two most important reasons for coming.

___ 1. The director of my center asked me or told me to come.

___ 2. I want to meet and talk with other child care providers.

___ 3. I want to learn more about children and their development.

___ 4. The workshops will help me to do a better job as a caregiver.

___ 5. I am curious about what kind of training will be given.

___ 6. I want to obtain college credit or other training credit.

___ 7. I expect to be paid more after this training.

___ 8. I expect that I may be able to get a better job in the future due to this training.

___ 9. Other caregivers that I know encouraged me to come.

___ 10. Other: (please specify): _____

_____

_____

_____

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2. How much training would you like in each of the following areas listed below? Please circle one number for each subject to show how much training you would like.

	Very Little	A Little	Some	Much	Very Much
1. What is normal growth and development and what is not.	1	2	3	4	5
2. Working with children who have special needs such as handicapped children.	1	2	3	4	5
3. Caregiving for infants and toddlers.	1	2	3	4	5
4. Working with children from various ethnic backgrounds.	1	2	3	4	5
5. Nutrition, meal service and meal planning.	1	2	3	4	5
6. Health - health forms, signs of good health and sickness, and staying healthy.	1	2	3	4	5
7. Safety needs of children and first aid information.	1	2	3	4	5
8. Planning and scheduling a balanced day. How children learn from various activities.	1	2	3	4	5
9. Play - how it aids the child's development in all areas.	1	2	3	4	5
10. Behavior management - helping children learn self-control.	1	2	3	4	5
11. Setting up a play room and choosing toys and equipment.	1	2	3	4	5
12. What children learn and how to teach them.	1	2	3	4	5
13. Working with parents and giving them support.	1	2	3	4	5
14. Resources in your community and how to use them.	1	2	3	4	5
15. Understanding your own feelings as a caregiver.	1	2	3	4	5
16. Getting along with co-workers and parents who have different attitudes and backgrounds.	1	2	3	4	5

		Very Little	A Little	Some	Much	Very Much
17.	Knowing when you should not discuss information about other staff persons, children and families.	1	2	3	4	5
18.	What the law says about the rights, duties, and responsibilities of child care staff persons.	1	2	3	4	5
19.	Dealing with families in crisis or distress.	1	2	3	4	5
20.	Administration and business information for family day care homes.	1	2	3	4	5
21.	Other subjects? Please specify:	1	2	3	4	5

3. Are you a parent? ( ) No ( ) Yes -- How many children? _____

4. Are you now working for pay in child care? ( ) Yes ( ) No

5. Where do you now work? ( ) 1. Family Day Care Home
( ) 2. Family Group Home
( ) 3. Child Care Center

Is the Center:
( ) 1. Profit
( ) 2. Non-profit
( ) 3. Don't know

6. What age groups do you work with right now in this job? CHECK ALL THAT APPLY.

( ) under 1 year old
( ) 1 to 2½ years old
( ) 2½ to 5 years old
( ) over 5 years old

7. How many hours do you work each week for pay in this job? _____

8. What is your present job title? PLEASE CHECK ONE.

( ) 1. Family Day Care Home Provider
( ) 2. Family Day Care Home Aide
( ) 3. Center Director
( ) 4. Center Assistant Director
( ) 5. Center Head Teacher
( ) 6. Center Teacher
( ) 7. Center Aide
( ) 8. Center Cook
( ) 9. Center Bus or Van Driver
( ) 10. Other -- please describe: _____

9. Do you have one group of children that you alone take care of and are responsible for?

( ) 1. Yes

9a. How many children are in your group? _____

( ) 2. No

9b. Then, how many adults (including you) share the care of the group? _____

9c. How many children are in the group? _____

10. In what kind of area is your family day care home or center? (PLEASE CHECK ONE).

( ) 1. Rural or small town
( ) 2. Small city
( ) 3. Medium-sized city
( ) 4. Suburb
( ) 5. Large city

11. Altogether, how long have you worked for pay in a child care job, including your present job?

_____ years _____ months

12. Please check below any kinds of child care training you have had. CHECK ALL THAT APPLY.

( ) 1. High school courses (early childhood education, child development, child care)

( ) 2. College courses for college credit (early childhood education, child development, child care)

( ) 3. Conferences or workshops

( ) 4. Child Development Associate (CDA) Certificate

( ) 5. Other - please specify: _____

( ) 6. CHECK HERE IF YOU HAVE HAD NO CHILD CARE EXPERIENCE.

13. What is your sex? ( ) 1. Male ( ) 2. Female

14. What age group are you in? (Please check one)

( ) under 21 years old
( ) 21 to 30 years old
( ) 31 to 40 years old
( ) 41 to 50 years old
( ) over 50 years old

15. Education background: Check the highest one that applies to you.

( ) 1. Elementary school (highest grade completed: ___)

( ) 2. Some high school (highest grade completed: ___)

( ) 3. High school diploma or G.E.D.

( ) 4. Some college (number of years:____)

( ) 5. Associate of Arts (2 year college degree)

( ) 6. Bachelor (4 year college degree - B.A. or B.S.)

( ) 7. Some masters level credit (number of credits:___)

( ) 8. Masters (M.A., M.S., etc.)

16. Ethnic background: Please check one.

( ) 1. Black/Afro-American

( ) 2. White

( ) 3. Hispanic

( ) 4. Native American Indian

( ) 5. Oriental

( ) 6. Other - please specify: _____

THANK YOU!

Center for Urban Studies - Wayne State University
DAY CARE PROVIDER TRAINING PROGRAM

Name: _____

Date: _____

CAREGIVER SURVEY

PART I: How do you feel about the following statements? Circle ONE number for each statement to show how much you agree or disagree with that statement.

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
1. Playing a lot is likely to cause preschoolers to lag behind in the development of language and school readiness abilities.	1	2	3	4	5
2. A good infant caregiver uses the baby's interest level and reactions as a signal for stopping and starting activities.	1	2	3	4	5
3. Even though parents are the primary caregivers, there is a great deal that a caregiver can do to increase the self-esteem of the children they care for.	1	2	3	4	5
4. It is important in planning activities for children that their individual abilities and needs be considered as well as their ages.	1	2	3	4	5
5. Almost all creative expression by children and use of their imagination occurs in the "dramatic play area".	1	2	3	4	5
6. A local public library has very little to offer as a resource for the child care provider who cares for preschool children.	1	2	3	4	5
7. In planning a preschool curriculum, it is important to remember that children learn from informal, self-selected play activities as well as from formal, adult-directed experiences such as reading books.	1	2	3	4	5
8. In this day and age, parents do not experience feelings of guilt and fear when they place a child in day care for the first time.	1	2	3	4	5
9. Positive behavior management often must start with one or two spankings after which the child respects the provider and will listen.	1	2	3	4	5

A-7

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
10. The best way to promote good eating habits and learning at mealtime is to provide family style meals with serving bowls so that children can serve themselves.	1	2	3	4	5
11. When it comes to child abuse, the first responsibility of the provider is to protect the parent.	1	2	3	4	5
12. In the state of Michigan, providers are required to report all cases of actual or suspected child abuse on a special form to the Department of Social Services.	1	2	3	4	5
13. It is rare for two children to be affected differently by the same illness. (Both children would have the same signs and symptoms of illness.)	1	2	3	4	5
14. If a child does not walk or talk at the average age when such behaviors occur, then the parents should be notified that the child is not developing in a healthy and normal manner.	1	2	3	4	5
15. In a casual conversation with a parent, the caregiver should not discuss the emotional problems of someone else's child.	1	2	3	4	5
16. The best position for a child with a nosebleed is to sit quietly with his head up.	1	2	3	4	5
17. It is unAmerican to teach children about their own cultural background and that of other groups: caregivers should teach children about their similarities, not their differences.	1	2	3	4	5
18. A family day care home provider should keep a written menu of the food served each day.	1	2	3	4	5
19. A child who does not have adequate language and communication skills for his/her age is considered "at risk" for a handicap.	1	2	3	4	5

A-8

PART II: Read each of the following statements. Circle the T for true if the statement is true. Circle the F for false if the statement is false. Please circle only ONE letter for each statement.

TRUE	FALSE		
T	F	20.	When toddlers are learning to talk, they understand more words and sentences than they are able to produce in their own speech.
T	F	21.	It is all right to put a baby to bed with a bottle of juice in his/her mouth.
T	F	22.	Children are usually too busy with their own activities to notice or be affected by the mood and attitude of their caregiver(s).
T	F	23.	One way to prevent discipline problems is to warn the children about transitions (changes in activities) before they occur.
T	F	24.	In preparing a curriculum about vegetables for preschoolers, a useful first activity would be to have the children color pictures of vegetables out of a coloring book.
T	F	25.	A small change in a play room such as moving a table or adding a throw rug is often enough to change the way that children use the space and/or the traffic pattern.
T	F	26.	Infants under the age of a year should drink skimmed or low-fat milk so that they will not be overweight in later life.
T	F	27.	Day care records about individual children should be kept in a locked file cabinet or in a room that can be locked.
T	F	28.	It is better for caregivers to wait to offer information to a parent about his/her child until the parent asks for it.
T	F	29.	As long as a center has some books and posters about children from different ethnic and racial groups, it is doing a fine job at teaching children about cultural differences.
T	F	30.	Michigan has already passed a law to require that educational services be provided for all handicapped infants, children and young adults.
T	F	31.	During "parallel play" the child plays alongside another child, but is basically interested in his/her own activity.

A-9

TRUE	FALSE		
T	F	32.	An example of an adequately planned schedule for a day's program would be a detailed description of the intellectual experiences planned.
T	F	33.	A provider must obtain parental consent in order to refer a child for psychological services and tests.
T	F	34.	It is probably a good idea for parents who abuse or neglect their child(ren) to place their child(ren) in a day care center or family day care home.
T	F	35.	If a child has received a bite from an animal or another child, the caregiver should cover the area with an antiseptic or medicated ointment immediately.
T	F	36.	If a child in a family day care home has an accident that requires medical attention, the facts about it should be reported to MDSS (Michigan Department of Social Services) within 24 hours.
T	F	37.	A child who is egocentric is able to understand and take the view of another person.
T	F	38.	Although caregivers may not punish a child by depriving him of his lunch, it is all right to deprive him of a snack.

PART III: How much training did you receive in each of the areas listed below? Please circle one number for each subject area to show how much training you got in that area.

PART IV: Were you satisfied with the amount of training you got in each area? Please circle one answer for each area.

	Very Little	A Little	Some	Much	Very Much	PART IV	
39. What is normal growth and development and what is not.	1	2	3	4	5	YES	NO
40. Working with children who have special needs such as handicapped children.	1	2	3	4	5	YES	NO
41. Caregiving for infants and toddlers.	1	2	3	4	5	YES	NO
42. Working with children from various ethnic backgrounds.	1	2	3	4	5	YES	NO
43. Nutrition, meal service and meal planning.	1	2	3	4	5	YES	NO
44. Health - health forms, signs of good health and sickness, and staying healthy.	1	2	3	4	5	YES	NO
45. Safety needs of children and first aid information.	1	2	3	4	5	YES	NO
46. Planning and scheduling a balanced day. How children learn from various activities.	1	2	3	4	5	YES	NO
47. Play - how it aids the child's development in all areas.	1	2	3	4	5	YES	NO
48. Behavior management - helping children learn self-control.	1	2	3	4	5	YES	NO
49. Setting up a play room and choosing toys and equipment.	1	2	3	4	5	YES	NO

A-11

		Very Little	A Little	Some	Much	Very Much	Were you satisfied with the amount of training you got in each area? Please circle one answer.	
50.	What children learn and how to teach them.	1	2	3	4	5	YES	NO
51.	Working with parents and giving them support.	1	2	3	4	5	YES	NO
52.	Resources in your community and how to use them.	1	2	3	4	5	YES	NO
53.	Understanding your own feelings as a caregiver.	1	2	3	4	5	YES	NO
54.	Getting along with co-workers and parents who have different attitudes and backgrounds.	1	2	3	4	5	YES	NO
55.	Knowing when you should not discuss information about other staff persons, children and families.	1	2	3	4	5	YES	NO
56.	What the law says about the rights, duties, and responsibilities of child care staff persons.	1	2	3	4	5	YES	NO
57.	Dealing with families in crisis or distress.	1	2	3	4	5	YES	NO
58.	Administration and business information for family day care homes.	1	2	3	4	5	YES	NO
59.	Other subjects? Please specify:	1	2	3	4	5	YES	NO

PART V: Overall, how would you rate your training experience here this summer? Circle one number to show your reaction.

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

Center for Urban Studies
Wayne State University
DAY CARE PROVIDER TRAINING PROGRAM

A-13

Your Name:_____
Subcontractor:_____
No. of ETU's you plan to teach in 1981:_____
Date:_____

TRAINER INFORMATION

1. What is your sex? ( ) 1. Male ( ) 2. Female

2. What age group are you in? (Please check one)

( ) under 21 years old
( ) 21 to 30 years old
( ) 31 to 40 years old
( ) 41 to 50 years old
( ) over 50 years old

3. Please check your ethnic background. (Check one)

( ) 1. Black/Afro-American
( ) 2. White
( ) 3. Hispanic
( ) 4. Native American Indian
( ) 5. Oriental
( ) 6. Other - please specify:_____

4. Educational background: Please check the highest one that applies to you

( ) 1. Elementary school (highest grade completed:_____)
( ) 2. Some high school (highest grade completed:_____)
( ) 3. High school diploma or G.E.D.
( ) 4. Some college (number of years:_____) Major:_____
( ) 5. Associate of Arts degree (2 year college degree) Major:_____
( ) 6. Bachelor's degree (4 year college degree - B.A. or B.S.) Major:_____
( ) 7. Some masters level credits (number of credits:_____) Major:_____
( ) 8. Master's degree (M.A., M.S., etc.) Major:_____
( ) 9. Doctoral student Major:_____
( ) 10. Doctoral degree Major:_____

5. Please record your experience related to child care. (This includes Day Care, Head Start, Nursery Schools, and high school or college laboratory preschools). (Check all that apply).

( ) 1. Supervisor or instructor of adult students or caregivers
( ) 2. Teacher, caregiver of children
( ) 3. Aide for the children
( ) 4. Director of the center
( ) 5. Home provider
( ) 6. Home aide
( ) 7. Other - please specify:_____

TI-3/81 (Form 31)

6. Did you participate in a teaching capacity in the Michigan Day Care Provider Training Program between June and December, 1980?

( ) No ( ) Yes -- Name the subcontractor or agency that hired you as a trainer. _____

7. Check (✓) Column 1 if you have had experience in teaching or training adults in each of the following areas. Then for each item checked in Column 1, check Column 2 if this experience involved teaching child development and/or child care.

	Column 1 Have had experience teaching in this area	Column 2 This experience involved teaching child development and/or child care
1. High school teaching (or training of high school students)	( )	( )
2. College teaching, undergraduate or graduate	( )	( )
3. Adult education in community center or community organization	( )	( )
4. Adult teaching in church or temple	( )	( )
5. Adult education in training projects such as Mobile Training for directors of day care centers	( )	( )

8. Have you participated in a professional organization related to child development, education, child care or family life (for example, 4-C's, Family Day Care Council, NAEYC, etc)? Please check any of the ways listed below that you have participated in such an organization.

( ) 1. Member
( ) 2. National or regional officer
( ) 3. Helped to organize such a group
( ) 4. Have presented workshops or papers to such an organization
( ) 5. Other activities - please describe: _____

_____

9. Please list any other experience(s) that you feel is relevant to the job of training day care providers.

_____

_____

_____

10. If you have published any articles or papers in child care, child development, or early childhood education journals or books that are not listed on your vita, please list them here.

_____

_____

_____

THANK YOU!

Center for Urban Studies
Wayne State University
DAY CARE PROVIDER TRAINING PROGRAM

Your Name: _____
Date of Session: _____
Time of Session - From: _____
To: _____
Session Location: _____

NOTE: Have you been a trainer in the Michigan Day Care Provider Training Program during either 1980 or 1981?
( ) Yes ( ) No
If yes, how many ETU's have you taught? (Do not include the one you are now starting.) _____

TRAINER PERCEPTION SURVEY

I. Below are listed some strengths that your training sessions may have that you anticipate will aid in their success. Please read each statement and circle the number that best describes how helpful this strength is likely to be to your training sessions.

		Not at all Helpful				Extremely Helpful
		1	2	3	4	5
1.	My educational background.	1	2	3	4	5
2.	My previous day care experience.	1	2	3	4	5
3.	My contacts in the local community.	1	2	3	4	5
4.	Resource materials of my own (books, posters, lesson plans, etc.) that I plan to use.	1	2	3	4	5
5.	The curricula developed by the Day Care Provider Training Project for use in training.	1	2	3	4	5
6.	The support and enthusiasm derived from group discussion and questions.	1	2	3	4	5
7.	My skill in talking with and understanding people.	1	2	3	4	5
8.	The support provided to me by the subcontractor or agency that hired me as a trainer.	1	2	3	4	5
9.	The rooms in which training takes place.	1	2	3	4	5
10.	My experiences with parents or as a parent.	1	2	3	4	5
11.	The concentrated time period for training.	1	2	3	4	5

12. Please list any other strengths not listed above, that you think are likely to be helpful to your training sessions.

_____

_____

II. Below are listed some areas that might be considered barriers to success in your training sessions. Please read each statement and circle the number that best describes how problematic each barrier is likely to be in your training.

	Not at all a problem 1	2	3	4	Extremely problematic 5
1. Lack of resource materials (i.e., books, films) appropriate to the topics for training sessions.	1	2	3	4	5
2. Lack of resource materials (i.e., books, films) appropriate to the skill and education level of participants.	1	2	3	4	5
3. Attitude differences between myself and the participants about what is best for children.	1	2	3	4	5
4. Misinformation, myths and superstitions participants have about children and their care.	1	2	3	4	5
5. "Burn-out" of participants who have lost enthusiasm and energy for their work.	1	2	3	4	5
6. Participants rejecting suggestions because they require too much effort to apply on the job.	1	2	3	4	5
7. Participants rejecting suggestions due to lack of money in their centers or homes to implement them.	1	2	3	4	5
8. Mistrust among participants.	1	2	3	4	5
9. Mistrust between trainer and participants.	1	2	3	4	5
10. Hostility from one or two persons who are vocal in or out of the sessions about their opinions.	1	2	3	4	5
11. Lack of reading and writing skills for some participants.	1	2	3	4	5

12. Please list any other barriers <u>not</u> listed above, that you think are likely to be problems for your training sessions.

_____

_____

III. Overall, how satisfied do you expect to be with the training that will occur in this ETU (class)? Circle <u>one</u>.

Very Dissatisfied	Dissatisfied	Neither Satisfied Nor Dissatisfied	Satisfied	Very Satisfied
1	2	3	4	5

THANK YOU!

Center for Urban Studies
Wayne State University
DAY CARE PROVIDER TRAINING PROGRAM

A-17

Your Name: _____
Date of Session: _____
Time of Session - From: _____
To: _____
Session Location: _____

TRAINER PERCEPTION SURVEY

I. Below are listed some strengths that your training sessions may have had that aided in their success. Please read each statement and circle the number that best describes how helpful each strength listed was to your training sessions.

	Not at all Helpful				Extremely Helpful
	1	2	3	4	5
1. My educational background.	1	2	3	4	5
2. My previous day care experience.	1	2	3	4	5
3. My contacts in the local community.	1	2	3	4	5
4. Resource materials of my own (books, posters, lesson plans, etc.) that I used.	1	2	3	4	5
5. The curricula developed by the Day Care Provider Training Project for use in training.	1	2	3	4	5
6. The support and enthusiasm derived from group discussion and questions.	1	2	3	4	5
7. My skill in talking with and understanding people.	1	2	3	4	5
8. The support provided to me by the subcontractor or agency that hired me as a trainer.	1	2	3	4	5
9. The rooms in which training took place.	1	2	3	4	5
10. My experiences with parents or as a parent.	1	2	3	4	5
11. The concentrated time period for training.	1	2	3	4	5

12. Please list any other strengths not listed above that you think were helpful to your training sessions.

_____

_____

_____

_____

TP-3/81 (post) (Form 32-2)

II. Below are listed some areas that might have been barriers to success in your training sessions. Please read each statement and circle the number that best describes how much each barrier listed was a problem for your training.

	Not at all a problem				Extremely problematic
	1	2	3	4	5
1. Lack of resource materials (i.e., books, films) appropriate to the topics for training sessions.	1	2	3	4	5
2. Lack of resource materials (i.e., books, films) appropriate to the skill and education level of participants.	1	2	3	4	5
3. Attitude differences between myself and the participants about what is best for children.	1	2	3	4	5
4. Misinformation, myths and superstitions participants have about children and their care.	1	2	3	4	5
5. "Burn-out" of participants who have lost enthusiasm and energy for their work.	1	2	3	4	5
6. Participants rejecting suggestions because they require too much effort to apply on the job.	1	2	3	4	5
7. Participants rejecting suggestions due to lack of money in their centers or homes to implement them.	1	2	3	4	5
8. Mistrust among participants.	1	2	3	4	5
9. Mistrust between trainer and participants.	1	2	3	4	5
10. Hostility from one or two persons who are vocal in or out of the sessions about their opinions.	1	2	3	4	5
11. Lack of reading and writing skills for some participants.	1	2	3	4	5

12. Please list any other barriers <u>not</u> listed above that you think were problems for your training sessions.

_____

_____

III. Overall, how satisfied are you with the training that occurred in this ETU (class)? Circle <u>one</u>.

Very Dissatisfied	Dissatisfied	Neither Satisfied Nor Dissatisfied	Satisfied	Very Satisfied
1	2	3	4	5

Center for Urban Studies
Wayne State University
DAY CARE PROVIDER TRAINING PROGRAM

Your Name: _____
Date of Session: _____
Time of Session - FROM: _____
TO: _____

TRAINER SESSION FORM

SELECTION	TIME	TOPIC LISTING	MAIN PRESENTER	SOURCE OF PRESENTATION	SATISFACTION RATING				
Check (✓) each topic covered in this session.	Approx. number of minutes spent on each topic.		Who presented each topic? T=Trainer F=Facilitator *G=Guest Speaker	Was the major source of each presentation the CUS/WSU curricula?**	How satisfied were you with the training for each topic covered in this session? VD = Very Dissatisfied D = Dissatisfied N = Neither Satisfied nor Dissatisfied S = Satisfied VS = Very Satisfied				
			Circle one per topic	Circle one	Circle one				
					VD	D	N	S	VS
( )		1. Human growth and development	T F G	Yes No	1	2	3	4	5
( )		2. Special needs children	T F G	Yes No	1	2	3	4	5
( )		3. Infants and toddlers	T F G	Yes No	1	2	3	4	5
( )		4. Multi-cultural children	T F G	Yes No	1	2	3	4	5
( )		5. Nutrition	T F G	Yes No	1	2	3	4	5
( )		6. Health	T F G	Yes No	1	2	3	4	5
( )		7. Safety	T F G	Yes No	1	2	3	4	5
( )		8. Programming	T F G	Yes No	1	2	3	4	5
( )		9. Play	T F G	Yes No	1	2	3	4	5
( )		10. Behavior management	T F G	Yes No	1	2	3	4	5
( )		11. Use of physical space	T F G	Yes No	1	2	3	4	5
( )		12. Curriculum content	T F G	Yes No	1	2	3	4	5
( )		13. Roles and needs of parents	T F G	Yes No	1	2	3	4	5
( )		14. Use of local resources	T F G	Yes No	1	2	3	4	5
( )		15. Understanding self	T F G	Yes No	1	2	3	4	5
( )		16. Interpersonal skills	T F G	Yes No	1	2	3	4	5
( )		17. Confidentiality	T F G	Yes No	1	2	3	4	5
( )		18. Legal Responsibilities	T F G	Yes No	1	2	3	4	5
( )		19. Families in distress	T F G	Yes No	1	2	3	4	5
( )		20. Family home administration	T F G	Yes No	1	2	3	4	5
( )		21. Other - specify:	T F G	Yes No	1	2	3	4	5

*If any guest speakers made presentations during this session, please fill out other side of this sheet.
**Presenters use many different sources including their own child care experience, teaching experience, books, resources they have accumulated, etc. If the major source of each topic presented is the CUS/WSU curriculum please circle YES otherwise circle NO.

A-20

If any guest speakers made presentations during this session, please fill out the information below:

Guest Speaker's Name	Name of Agency or Organization	Topic Numbers (from other side of this form) that speaker covered

TS:3/81 (Form 33)

A-21

Center for Urban Studies - Wayne State University
DAY CARE PROVIDER TRAINING PROGRAM

County: _____ Today's Date: _____

PLEASE CHECK (√):

1. Where do you work?
   ( ) 1. Family Day Care Home
   ( ) 2. Child Care Center

2. Did you want to receive child care provider training in the Michigan Day Care Provider Program in 1980 or 1981?
   ( ) 1. YES ( ) 2. NO

3. Did you attend any day care provider classes in this training program in 1980 or 1981?

( ) 1. YES → IF YES:

4. What group, agency, or institution offered your training? (For example: Family Day Care Council)

   _____

5. Where did your class meet? (For example: Smithfield High School)

   _____

Please do not complete the survey. Mail this sheet and the blank survey back to us in the stamped, self-addressed envelope enclosed.

STOP

( ) 2. NO → IF NO:

6. What were some of the reasons you did not attend training classes?

   _____

   _____

   _____

   _____

   _____

Please complete the following survey and mail it to us in the stamped, self-addressed envelope enclosed as soon as possible.

GO ON

Center for Urban Studies - Wayne State University
DAY CARE PROVIDER TRAINING PROGRAM

Name: _____

Date: _____

CAREGIVER SURVEY

PART I: How do you feel about the following statements? Circle ONE number for each statement to show how much you agree or disagree with that statement.

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
1. Playing a lot is likely to cause preschoolers to lag behind in the development of language and school readiness abilities.	1	2	3	4	5
2. A good infant caregiver uses the baby's interest level and reactions as a signal for stopping and starting activities.	1	2	3	4	5
3. Even though parents are the primary caregivers, there is a great deal that a caregiver can do to increase the self-esteem of the children they care for.	1	2	3	4	5
4. It is important in planning activities for children that their individual abilities and needs be considered as well as their ages.	1	2	3	4	5
5. Almost all creative expression by children and use of their imagination occurs in the "dramatic play area".	1	2	3	4	5
6. A local public library has very little to offer as a resource for the child care provider who cares for preschool children.	1	2	3	4	5
7. In planning a preschool curriculum, it is important to remember that children learn from informal, self-selected play activities as well as from formal, adult-directed experiences such as reading books.	1	2	3	4	5
8. In this day and age, parents do not experience feelings of guilt and fear when they place a child in day care for the first time.	1	2	3	4	5
9. Positive behavior management often must start with one or two spankings after which the child respects the provider and will listen.	1	2	3	4	5

A-22

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
10. The best way to promote good eating habits and learning at mealtime is to provide family style meals with serving bowls so that children can serve themselves.	1	2	3	4	5
11. When it comes to child abuse, the first responsibility of the provider is to protect the parent.	1	2	3	4	5
12. In the state of Michigan, providers are required to report all cases of actual or suspected child abuse on a special form to the Department of Social Services.	1	2	3	4	5
13. It is rare for two children to be affected differently by the same illness. (Both children would have the same signs and symptoms of illness.)	1	2	3	4	5
14. If a child does not walk or talk at the average age when such behaviors occur, then the parents should be notified that the child is not developing in a healthy and normal manner.	1	2	3	4	5
15. In a casual conversation with a parent, the caregiver should not discuss the emotional problems of someone else's child.	1	2	3	4	5
16. The best position for a child with a nosebleed is to sit quietly with his head up.	1	2	3	4	5
17. It is unAmerican to teach children about their own cultural background and that of other groups: caregivers should teach children about their similarities, not their differences.	1	2	3	4	5
18. A family day care home provider should keep a written menu of the food served each day.	1	2	3	4	5
19. A child who does not have adequate language and communication skills for his/her age is considered "at risk" for a handicap.	1	2	3	4	5

PART II: Read each of the following statements. Circle the T for true if the statement is true. Circle the F for false if the statement is false. Please circle only ONE letter for each statement.

TRUE	FALSE		
T	F	20.	When toddlers are learning to talk, they understand more words and sentences than they are able to produce in their own speech.
T	F	21.	It is all right to put a baby to bed with a bottle of juice in his/her mouth.
T	F	22.	Children are usually too busy with their own activities to notice or be affected by the mood and attitude of their caregiver(s).
T	F	23.	One way to prevent discipline problems is to warn the children about transitions (changes in activities) before they occur.
T	F	24.	In preparing a curriculum about vegetables for preschoolers, a useful first activity would be to have the children color pictures of vegetables out of a coloring book.
T	F	25.	A small change in a play room such as moving a table or adding a throw rug is often enough to change the way that children use the space and/or the traffic pattern.
T	F	26.	Infants under the age of a year should drink skimmed or low-fat milk so that they will not be overweight in later life.
T	F	27.	Day care records about individual children should be kept in a locked file cabinet or in a room that can be locked.
T	F	28.	It is better for caregivers to wait to offer information to a parent about his/her child until the parent asks for it.
T	F	29.	As long as a center has some books and posters about children from different ethnic and racial groups, it is doing a fine job at teaching children about cultural differences.
T	F	30.	Michigan has already passed a law to require that educational services be provided for all handicapped infants, children and young adults.
T	F	31.	During "parallel play" the child plays alongside another child, but is basically interested in his/her own activity.

A-24

TRUE	FALSE		
T	F	32.	An example of an adequately planned schedule for a day's program would be a detailed description of the intellectual experiences planned.
T	F	33.	A provider must obtain parental consent in order to refer a child for psychological services and tests.
T	F	34.	It is probably a good idea for parents who abuse or neglect their child(ren) to place their child(ren) in a day care center or family day care home.
T	F	35.	If a child has received a bite from an animal or another child, the caregiver should cover the area with an antiseptic or medicated ointment immediately.
T	F	36.	If a child in a family day care home has an accident that requires medical attention, the facts about it should be reported to MDSS (Michigan Department of Social Services) within 24 hours.
T	F	37.	A child who is egocentric is able to understand and take the view of another person.
T	F	38.	Although caregivers may not punish a child by depriving him of his lunch, it is all right to deprive him of a snack.

A-25

1. Are you a parent? ( ) No ( ) Yes -- How many children? _____

2. Are you now working for pay in child care? ( ) Yes ( ) No

3. Where do you now work?
   ( ) 1. Family Day Care Home
   ( ) 2. Family Group Home
   ( ) 3. Child Care Center

   Is the Center:
   ( ) 1. Profit
   ( ) 2. Non-profit
   ( ) 3. Don't Know

4. What age groups do you work with right now in this job? CHECK ALL THAT APPLY.
   ( ) under 1 year old
   ( ) 1 to 2½ years old
   ( ) 2½ to 5 years old
   ( ) over 5 years old

5. How many hours do you work each week for pay in this job? _____

6. What is your present job title? PLEASE CHECK ONE.
   ( ) 1. Family Day Care Home Provider
   ( ) 2. Family Day Care Home Aide
   ( ) 3. Center Director
   ( ) 4. Center Assistant Director
   ( ) 5. Center Head Teacher
   ( ) 6. Center Teacher
   ( ) 7. Center Aide
   ( ) 8. Center Cook
   ( ) 9. Center Bus or Van Driver
   ( )10. Other -- please describe: _____

7. Do you have one group of children that you alone take care of and are responsible for?

( ) 1. Yes

7a. How many children are in your group?

_____

( ) 2. No

7b. Then, how many adults (including you) share the care of the group? _____

7c. How many children are in the group? _____

8. In what kind of area is your family day care home or center? (PLEASE CHECK ONE).

( ) 1. Rural or small town
( ) 2. Small city
( ) 3. Medium-sized city
( ) 4. Suburb
( ) 5. Large city

9. Altogether, how long have you worked for pay in a child care job, including your present job?

_____ years _____ months

10. Please check below any kinds of child care training you have had. CHECK ALL THAT APPLY.

( ) 1. High school courses (early childhood education, child development, child care)

( ) 2. College courses for college credit (early childhood education, child development, child care)

( ) 3. Conferences or workshops

( ) 4. Child Development Associate (CDA) Certificate

( ) 5. Other - please specify: _____

( ) 6. CHECK HERE IF YOU HAVE HAD NO CHILD CARE EXPERIENCE.

11. What is your sex? ( ) 1. Male ( ) 2. Female

12. What age group are you in? (Please check one)

( ) under 21 years old
( ) 21 to 30 years old
( ) 31 to 40 years old
( ) 41 to 50 years old
( ) over 50 years old

13. Education background: Check the highest one that applies to you.

( ) 1. Elementary school (highest grade completed: ___)

( ) 2. Some high school (highest grade completed: ___)

( ) 3. High school diploma or G.E.D.

( ) 4. Some college (number of years:____)

( ) 5. Associate of Arts (2 year college degree)

( ) 6. Bachelor (4 year college degree - B.A. or B.S.)

( ) 7. Some masters level credit (number of credits:___)

( ) 8. Masters (M.A., M.S., etc.)

14. Ethnic background: Please check one.

( ) 1. Black/Afro-American

( ) 2. White

( ) 3. Hispanic

( ) 4. Native American Indian

( ) 5. Oriental

( ) 6. Other - please specify: _____

THANK YOU!

ENVIRONMENT: STRUCTURAL CHARACTERISTICS

1. Center Name: _____ 2. Caregiver's Name: _____ 3. Rater: _____

4. Date _____ 5. Time _____ 6. # of children in room _____
7. # of caregivers in room _____
8. # of children assigned to room _____

9. How many children are currently enrolled in the center? _____

10. Type of day care center? 1 Profit Making 2 Non-Profit

11. The center is open from _____ to _____.

12. The physical dimensions of the observed classroom are _____X_____

13. Observed Center Activities: (Note: More than one category may be circled)
Snacks (1) Messy Activities (2) Arts/Crafts (3) Musical Games (4) Gross Motor (5)
Story Telling (6) Dramatic Play/Housekeeping (7) Other _____ (8).

14. Is the classroom arranged into clearly defined areas? 1 NO 2 *YES

15. *If Yes, how many? _____

RATE THE VARIETY OF THE RESOURCES AND THE EQUIPMENT AVAILABLE TO THE CHILDREN AND CHECK WHETHER THE RESOURCES ARE DEVELOPMENTALLY/AGE APPROPRIATE.

CIRCLE THE APPROPRIATE RESPONSE:	POOR	FAIR	AVERAGE	GOOD	EXCELLENT	AGE APPROPRIATE
16. FANTASY Play Equipment:	1	2	3	4	5	20. NO (1) YES (2)
17. LARGE Motor Equipment:	1	2	3	4	5	21. NO (1) YES (2)
18. SMALL Motor Equipment:	1	2	3	4	5	22. NO (1) YES (2)
19. BOOKS:	1	2	3	4	5	23. NO (1) YES (2)
24. The CONDITION of the furniture & the equipment in the classroom is	1	2	3	4	5	
25. The adequacy of the LIGHTING in the classroom is	1	2	3	4	5	
26. The adequacy of the VENTILATION in the classroom is	1	2	3	4	5	
27. The NOISE level in the classroom is	1	2	3	4	5	

28. Is there outdoor play space available for the children? 1 NO 2 *YES 29. *Where? _____

30. Each child has his own individually marked hook or space (cubby) 1 NO 2 YES

31. Children's work is displayed at child's eye level around the room 1 NO 2 *YES

32. *If Yes, is the work: Other (1) Self Expression (2)

33. Self Help is encouraged by having materials and equipment that are easily accessible to children without the aid of an adult? 1 NO 2 YES

CIRCLE THE APPROPRIATE RESPONSE:

34. ACTIVITY LEVEL:
ENFORCED INACTIVITY: Children are required to sit quietly or wait. No play Observed. (1)
TEACHER DIRECTED GROUP ACTIVITY: Children are required to participate. (2)
TEACHER DIRECTED GROUP ACTIVITY: Children are encouraged to participate. (3)
FREE CHOICE: Children choose from activities set up especially for this play period. (4)
FREE PLAY: Children choose from among all activities in the center. (5)

35. PACE OF PROGRAM: Lethargic, Unstimulating (1) Stimulating (3)
Slow Relaxed, Easy Going (2) Rushed, Chaotic (4)

36. TEACHER RESPONSES: Irritable, Sharp (1) Friendly, Pleasant, Warm (3)
Neutral, neither 1 nor 2 (2) Exceptionally Sensitive, Responsive (4)

37. CHILDREN'S REACTIONS: Children are disinterested, lethargic, restless, disruptive (1)
Children are somewhat disinterested, somewhat restless (2)
Children generally are involved, moderately interested (3)
Children are deeply involved and genuinely interested (4)

38. OVERALL: 1 POOR 2 FAIR 3 AVERAGE 4 GOOD 5 EXCELLENT

*USE REVERSE SIDE FOR GENERAL COMMENTS

Center for Urban Studies - Wayne State University
DAY CARE PROVIDER TRAINING PROJECT

Survey of Incompletes

Caregiver Name: _____ ETU Code: _____

Telephone Number: _____ Training Session Location: _____

Trainer Name: _____ Subcontractor: _____

Record of Calls

Hi, my name is _____ and I'm working with Wayne State University on the evaluation of the Day Care Provider Training Project. We understant you were in the training on child care at _____. In order to make future training better, it's important we talk to people who did not complete the program. I'd like to ask you some questions, it should only take a few minutes, do you have time now? First:

1. Did you attend this child care training at _____?

( )1. Yes ( )2. No - VERIFY NAME AND PHONE NUMBER AND THANK THEM FOR THEIR TIME.

2. Do you know how many hours of training you attended? _____

IF R ISN'T SURE, ASK: How many training sessions did you attend? _____

IF R REPORTS HAVING COMPLETED 20 HOURS, VERIFY NAME AND PHONE NUMBER AND THANK THEM FOR THEIR TIME.

3. So, you chose not to complete the program, is that right?

( )1. Yes ( )2. No - VERIFY NAME AND PHONE NUMBER AND ASK IF THEY INTEND TO MAKE UP HOURS MISSED, ETC. THANK THEM FOR THEIR TIME.

4. Could you tell me the reasons you didn't complete the program? _____

_____

_____

_____

_____

_____

4. (continued) _____

_____

_____

_____

5. Are there any (other) particular things about the training sessions themselves that bothered you?

_____

_____

_____

_____

6. (I realize you've mentioned some of these already but...) Now I'd like to name a few things that some people give as reasons for leaving the program. For each one, please tell me if - yes it did contribute to your leaving the program or no it did not.

a. The trainer	YES	NO
b. The topics covered (the things they talked about)	YES	NO
c. The level at which the topics were covered, that is, was it too hard or too easy.	YES	NO
IF YES: Was it too hard ( ) or too easy ( )?		
d. The session formats, that is the amount of time for questions or discussions, or the use of films, things like that.	YES	NO
e. Schedule of the sessions, the dates and times	YES	NO
f. Location of the sessions, that is, was it too hard for you to get there.	YES	NO
g. The paperwork you had to fill out.	YES	NO

7. What did you like about the sessions? _____

_____

_____

_____

_____

_____

THANK YOU FOR YOUR TIME AND COOPERATION, IS THERE ANYTHING YOU'D LIKE TO ADD?

SI 8/80

APPENDIX B

LIST OF PROGRAM ADVISORY COMMITTEE MEMBERS
DEVELOPMENTAL ADVISORY COMMITTEE
CURRICULUM DEVELOPERS

The Day Care Provider Training Program
Advisory Committee
Project Year II

Pearl Axelrod, Chairperson
University of Michigan School of Education (retired)
Day Care Consultant Chairperson, Advisory Committee on Day Care
to the Michigan Department of Social Services

Henry Alting
Chairperson, Michigan 4-C Council
Michigan Community Action Agency Association

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President, Michigan Association for the Education
of Young Children

Bill Hankins
Day Care Services Program Manager,
Michigan Department of Social Services

Maresa Hayhoe
Family Day Care Home Provider

Judy Hollister
Assistant Director of Area Agencies on Aging
Association of Michigan

Dorothy Hopkins
Parent whose child attended
House of the Carpenter

Sally Hruska
Headstart Educational Coordinator
Trainer, Day Care Provider Training Program

Laura Humphreys
Chairperson, Midland County
Family Day Care Association

Tommie Evans Lee
Licensing Consultant,
Division of Child Care Licensing,
Michigan Department of Social Services

Roger Nelson
Project Officer, Social Services Training Division
Office of Management and Staff Development,
Michigan Department of Social Services

Horst Orth
Project Office Supervisor,
Social Services Training Division,
Office of Management and Staff Development
Michigan Department of Social Services

John Perdue
Vice President/Treasurer
Christian Temple
Early Childhood Development Center

Aaron Pitts
Friends of Headstart
Black Graphics International

Tito Reyes
Early Childhood Consultant
Child Development Associate (CDA) Representative

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Arlene Altman

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Harriet Cobbs

Carolyn Cummings

Sandra Abela-Dunn

Sharon Elliott

Joan Firestone

Cathy Gideon

Saundra Hardy

Maurice Haynes

Marie Holem

Dorothy Hopkins

Sally Hruska

Melissa Kaplan

Tommie Evans Lee

Bernadine McManus

Sandra Malone

Tito Reyes

Jane Ronan

Laurie Sendler

Nola Shukait

Kathryn Urberg

CURRICULUM DEVELOPERS
for The Michigan Day Care Provider Training Program
(Project Year II)

Curriculum Committee Coordinator
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Wayne State University
President, Michigan Association
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Human Development
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Family and Consumer Resources
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Multi-Cultural Children
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Health
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Play
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Behavior Management
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Laurie Sendler
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Families in Distress
Letitia Haworth
Social Worker

Home Administration
Marjorie Morgan, Coordinator
Early Childhood Services, Kirkhof College
Administrator of Grand Valley State Colleges/Kirkhof College
Subcontract for Michigan Day Care Provider Training Program